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TO: Registration Section Division of Corporations

SUBJECT: WJJ ENTERPRISES LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

NATALIA MEDEIROS

(Contact Person)

CSG - CAPITAL SERVICES GROUP, INC

(Firm/Company)

446 W HILLSBORO BLVD

(Address)

DEERFIELD BEACH, FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

NATALIA MEDEIROS	954	427-4770	•
	at (_)	
(Name of Contact Person)	(Area Cod	e & Davtime Telepho	ne Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the record	ds of the Florida Department
of State is:	
2. The Florida document/registration number assigned to this limited I L15000159602	iability company is
3. The date this member/manager withdrew/resigned or will withdraw	2-1/2
4. 1, <u>VILA VELHA CORRETORA DE SEGUROS LTDA</u> , hereby withdraw (Print Name of Person Resigning)	/resign as a 🗂
AMBR	
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Signature of Dissociating Member or Resigning Manager	