## 115000210879

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(Ad	dress)			
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## COVER LETTER 🐣

TO: Registration Section Division of Corporations	
SUBJECT: M&J Enterprises, LLC.	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Justin Mays	
(Contact Person)	
Worksite Financial Services, LLC.	
(Firm/Company)	<del></del>
2565 N Toledo Blade Blvd	
(Address)	
North Port, FL 34289	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Justin Mays	941 585-1407
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (2/14)



## 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 records of the Floric	la Department
of State is: M&	J Enterprises, LLC.		·
2. The Florida doc	ument/registration numbe	r assigned to this limited liability compar	ny is:
L1500021087	9	·	
3. The date this me	ember/manager withdrew/	resigned or will withdraw/resign is: 9/8/	16
4. I. Justin Mays		hereby withdraw/resign as a	
(Print N	(ame of Person Resigning)	, hereby withdraw/resign as a	<b>6</b> SEP
MGR			
	(Print Title)	<b>-</b> ·	
of this limited lia resignation in wr	bility company and affirmiting.	n the limited liability company has been r	notified of my
Signature of D	issociating Member or Re	esigning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		