

L160000 19259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

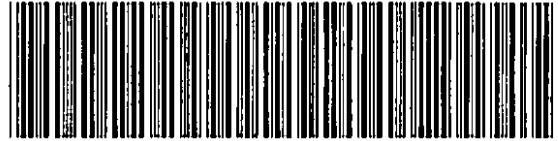
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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12/30/19--01019--039 \*\*25.00

RECEIVED  
STATE  
CLERK  
JAN 1 2020

dissociation of member

JAN 1 2020

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CJIW 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:

PATRICIA M BELLER

(Contact Person)

CJIW LLC

(Firm/Company)

2797 NE 51st STREET #105

(Address)

FORT LAUDERDALE FL 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA BELLER

(Name of Contact Person)

at ( 954 ) 709-6202

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

10 DEC 30 PM 3:01  
FLORIDA DEPARTMENT OF STATE  
CORPORATION DIVISION



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 Florida Department of State is: CJW LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L16000019259
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/10/19
4. I, JEAN-SYLVAIN BOUDOY, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

19 DEC 30 PM 3:04

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS