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(Requestor's Name)			
(Address)			
(Address)			
(Audiess)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Littly Harrie)			
(Document Number)			
Certified Copies Certificates of Status			
Constitution to Fill 2015			
Special Instructions to Filing Officer:			

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Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

SUBJECT: AJ Capital Holdings, LLC (Name of Limited Liability Company)			
(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:			
Jonathan Steszewski, Ess. (Contact Person)			
(Firm/Company)			
1228 NW 16544 Ave (Address)			
(Address)			
Pembrole Pines FL, 33028 (City/State and Zip Code)			
For further information concerning this matter, please call:			
J& Northern SHSTewskii at (305) 562-8348 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314			



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 l	imited liability company as it appears on the records of	f the Florida Department
of State is: AJ	Capital Holdings, LLL	·
2. The Florida docum	ment/registration number assigned to this limited liabil	ity company is:
L1600056	669	
	mber/manager withdrew/resigned or will withdraw/resigned	gn is: 9/1/16
4. I, George (Print Na	me of Person Resigning), hereby withdraw/resigner	gn as a
Manage	Print Title)	
	ility company and affirm the limited liability company	has been notified of my
Source	Dune	16 OC
Signature of Dis	sociating Member or Resigning Manager	
	\$25.00 (Required) \$30.00 (Optional)	AH 9977
		~