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(Requestor's Name)		
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: FJ+CJ (Name of Lim	Horres CCC nited Liability Company)		
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:		
Frank J. Haga (Contact Person)	nJR.		
(Firm/Company)			
4801 S. University De	R#131		
Dowie, Flassa (City/State and Zip Code)	28		
For further information concerning this matter, please call:			
Frank J. Hagan TR (Name of Contact Person)	at (<u>561</u>) <u>23</u> 9-555 7 (Area Code & Daytime Telephone Number)		
Finelosed please find a check made payable t \$25 Filing Fee	o the Florida Department of State for: S55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301



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	limited liability company as it appears o	n the records of the Florida Department
of State is:	Florida	
2. The Florida docu	ment/registration number assigned to th	is limited liability company is:
<u>L170</u>	00042502	
3. The date this mer	mber/manager withdrew/resigned or wil	
4. I. <u>Caro</u> (Print No.	ine of Person Resigning) Solution In property Print Title)	y withdraw/resign as a 3
		hility company has been notified of my
resignation in writ		bility company has been notified of my
Signature of Dis	ssociating Member or Resigning Manag	er
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	