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(Req	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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ECRETARY OF STATE
TALLAHASSEF

O SIMMONS APR 0 5 2022

COVER LETTER

Division of Corporations	
RJ PROPERTIES MAINTENANCE LLC SUBJECT:	
SUBJECT: (Name of Limited Lia	ibility Company)
The enclosed member, resignation or dissociation a	
Please return all correspondence concerning this m	atter to:
ROBERTO JIJON	
(Contact Person)	
(Firm/Company)	
8887 CRIMSON TIDE LN	
(Address)	
ORLANDO, FL 32836	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
	07 483-2143
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the h	Florida Department of State for:
_	55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81
	Tallahassee FI 32303

TO: Registration Section



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SECRETARY OF STATE TALLAHASSEE, FL

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)

	e limited liability company as it appears on the records of the Florida Department ROPERTIES MAINTENANCE LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
ROBERTO IIIO	ember/manager withdrew/resigned or will withdraw/resign is: hereby withdraw/resign as a
(Print N	, hereby withdraw/resign as a lame of Person Resigning)
	(Print Title) bility company and affirm the limited liability company has been notified of my
resignation in wr	lating.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)