

L17000187613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

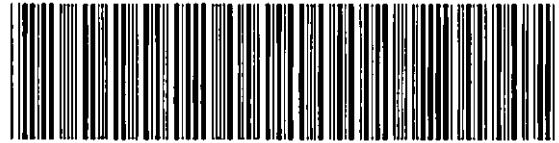
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

must dissolve

Office Use Only



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2025 MAY 15 AM 9:02

Termination

MAY 30 2025

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLJ, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCISCO PEREZ-MESA

Name of Person

PRIMUS HEALTH NETWORK, LLC

Firm/Company

2240 WOOLBRIGHT RD # 317

Address

BOYNTON BEACH, FL 33426

City/State and Zip Code

francisco@primus-fl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMON VOILS

Name of Person

at (561) 260-0047

Area Code Daytime Telephone Number

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

2023 MAY 15 AM 9:02



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2025

FRANCISCO PEREZ-MESA
PRIMUS HEALTH NETWORK, LLC
2240 WOOLBRIGHT RD #317
BOYNTON BEACH, FL 33426

SUBJECT: CLJ, LLC
Ref. Number: L17000187613

We have received your document for CLJ, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

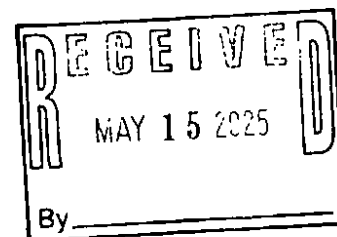
A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 925A00007857



STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

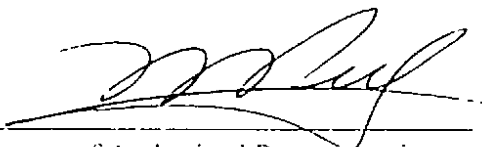
FIRST: The name of the limited liability company is: CLJ, LLC

SECOND: The Florida Document number of the limited liability company is: L17000187613

THIRD: The date of filing of the initial articles of organization is: 9-01-2017

FOURTH: The date of filing of the dissolution is: 5-8-2025

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.


Signature of Authorized Representative

Francisco Perez-Mesa
Typed or printed name of signature

2025 MAY 15 PM 9:02

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)