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:

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01/28/25--01003--020 **25.00

20 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 WILLS at (561) 200-0047
Name of Person Area Code Daytime Telephone Number

2023 MAY 15 AM 9:02

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

CR2E141 (2/14)

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

RECEIVED
MAY 15 2025
By

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.

2025 MAY 15 PM 3:02

Signature of Authorized Representative

Francisco Perez-Mesa
Typed or printed name of signature

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

CR2E141 (2/14)