L18000007112

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
·				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special management in ming embor.				

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COVER LETTER

_	ration Section on of Corporations			
SUBJECT:	LJD'S Services, LLC			
SOLULICI:	(Name of Limited Liability Company)			
The enclosed	member, resignation or disso	ciation and fee(s) are submitted for filing.	
Please return a	all correspondence concernin	g this matter to:		
Larry James	Dawson Jr			
	(Contact Person)		-	
LJD'S Service	es, LLC			
	(Firm/Company)			
13101 Old S	aint Augustine Rd			
	(Address)		_	
Jacksonville,	, Fl 32258			
	(City/State and Zip Code)		_	
For further inf	ormation concerning this ma	tter, please call:		
Larry J Daws	son Jr	904 at (923-8325	
(Nai	ne of Contact Person)		& Daytime Telephone Number)	
Enclosed pleas ■ \$25 Filing I	se find a check made payable Fee		Pepartment of State for: Fee & Certified Copy	
	URIER ADDRESS:		MAILING ADDRESS:	
			Registration Section	
			Division of Corporations P.O. Box 6327	
and the second s			Tallahassee, Florida 32314	
Tallahassee, F			i ananassee, i fortaa 52514	

CR2E079 (2/14)



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)

LJD'S Services, LLC of State is:	t appears on the records of the Florida Department
2. The Florida document/registration number ass 800307399758	igned to this limited liability company is:
	 02/14/2018
3. The date this member/manager withdrew/resig	
Tecoras Shanette Brown	· · · · · · · · · · · · · · · · · · ·
4. 1,	, hereby withdraw/resign as a
(Print Name of Person Resigning)	
Authorized Member	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
Decres Sharitte Brow	1
Signature of Dissociating Member or Resigni	ng Manager

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: