L18000062252

(Re	equestor's Name)		
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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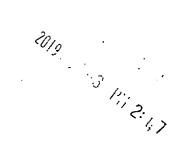
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ÇOVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PJNJ Freight Solutions, LLC	
(Name of Limit	ted Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to:
Cory Gondre	
(Contact Person)	
PJNJ Freight Solutions (Firm/Company)	LLC
5147 Heron ct	
(Address)	
Coconut Creek, FL 33073	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Cory Gondre	at (954) 303-9580
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	•

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)

	limited liability company as	s it appears on the records of the Florida Department
2. The Florida doc L1800006225		ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I, Cory Gondre (Print Name of Person Resigning)		
	Name of Person Resigning)	
Manager	_	
	(Print Title)	
of this limited lia resignation in wi		ne limited liability company has been notified of my
(orw	Jonehe_	
Signature of D	issociating Member or Resig	gning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	