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Fax Number : (850)617-6383

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Account Name : ACCOUNT BOOKKEEPING CORP
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XJ GROUP LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XJ GROUP LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JULIA TEDESCO

(Contact Person)

ACCOUNT BOOKKEEPING CORP

(Firm/Company)

5301 CONROY ROAD SUITE 140

(Address)

ORLANDO, FL 32811

(City/State and Zip Code)

For further information concerning this matter, please call:

JULIA TEDESCO

at (407) 898-1757

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

(Pursuant to 605.0216, Florida Statutes)

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