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COVER LETTER

	egistration Section vision of Corporations		
SUBJEC'	XJ GROUP LLC T:		
(Name of Limited Liability Company)			
The enclo	sed member, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please reti	um all correspondence concernin	g this matter to:	
JULIA TEI	DESCO		
	(Contact Person)		
ACCOUNT	BOOKKEEPING CORP		
	(Firm/Company)		_
5301 CONI	ROY ROAD SUITE 140		
	(Address)		
ORI.ANDO), FL 32811		
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For furthe	er information concerning this ma	tter, please call:	
JULIA TEI	DESCO	407 at (898-1757
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Enclosed ■ \$25 Fi	please find a check made payable ling Fee		Department of State for: g Fee & Certified Copy
Ro D P.	ailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FÖREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as of State is:	s it appears on the records of the Florida Departmen
2. The Florida document/registration number a.	ssigned to this limited liability company is:
3. The date this member/manager withdrew/res	signed or will withdraw/resign is:
4. I, VANESSA TREVELIN LEMOS (Print Name of Person Resigning)	, hereby withdraw/resign as a
(Print Title) of this limited liability company and affirm the resignation in writing.	ne limited liability company has been notified of my
Hoimo	
Signature of Dissociating Member or Resignature	ming Manager