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2019 JAN 28 PH 4: 31

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: CJD Craftworks, LLC (Name of Limited Liability Company)
(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:
Jamie Deger (ContactPerson)
CJD Craftworks, LLC (Firm/Company)
1169 Eagles Watch Tri
Winter Springs FL 32708 (City/State and Zip Gode)
For further information concerning this matter, please call:
Jamie Deger at (407) 376-1288 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\infty\$\$\mathbb{Z}\$\$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FILED

2019 JAN 28 PH 4: 31

SELT LARGE OF STATE
TALLAHASSEE, FL

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	CJD Craftworks, LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
<u>L180</u>	00193550
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 08 31 2018
4. I, Thomas	
	ized Member. (Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
100	
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)