## 422000354020

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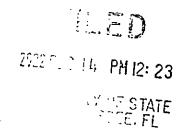
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## **COVER LETTER**

10. Registration Section	
Division of Corporations	
SUBJECT: DJLEXX, LLC	
	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
ALEJANDRO ALDANA	
(Contact Person)	
(Firm/Company)	
3265 AMANDA LNAPT 2	
(Address)	
NAPLES, FL 34109	
(City/State and Zip Code)	<del></del>
For further information concerning this matter,	please call:
ALEJANDRO ALDANA al	786 502-1854 t ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	he Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, FL 32314	Tallahassee, FL 32303





## 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)

	EXX, LLC
2. The Florida doc L22000354020	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I, JORGE PERER	A, hereby withdraw/resign as a warms of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my iting.
Lee/	Meur
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)