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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:					
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Office Use Only



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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 I	imited liability company as it appears on	the records of the Florida	a Depai	rtment
of State is:	CJ Virtuous Enterprise	es, LC		
2. The Florida docur	ment/registration number assigned to this	limited liability compan	y is:	
L32	000533581.			
3. The date this men	nber/manager withdrew/resigned or will w	vithdraw/resign is: 4/1	4/2	3
4. I, Costo (Print Na.	me of Person Resigning), hereby	withdraw/resign as a		
<u>Manag</u>	Print Title)			
	ility company and affirm the limited liabil	lity company has been no	otified (of my
resignation in writ	^	\$6.50 - 20.50 - 20.50	2023 APR 26	
Signature of Diss	sociating Member or Resigning Manager		26 PM 4:0	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	STATE OF THE STATE	ተ፡ 0	U

COVER LETTER

Division of Corporations	
SUBJECT: CCJ V; (Name of Limited Li	
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
Ciara Pena (Contact Person)	
CCS VITTUOUS ENTERC	orises, LLC
3236 Forum Blud #1	380
Fort MyerS FL 3 (City/State and Zip Code)	3905
For further information concerning this matter, ple	ease call:
(Name of Contact Person) at (239 601 - 0808 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: 655 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

CR2E079 (2/14)