P09000021924

(R	equestor's Name)			
(Address)				
(Address)				
(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(В	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
<u> </u>				





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ZUII SEP -2 AM 92 42 SECRETARY OF STATE

off. Resign.

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: C & J GROUP CORP (Name of Corporation) DOCUMENT NUMBER: P09000021924
DOCUMENT NUMBER: P09000021924
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Paoli Tonnes (Name of Person)
(Name of Person)
(Name of Firm/Company)
4892 N Citation DR # 103 (Address)
DELRay BEach, The 33495 (City/State and Zip Code)
For further information concerning this matter, please call:
Paoli Torret at (561) 247-2654 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED

SECRETARY OF STATE
ORION

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Paoli TORRE	<u>r</u>	, hereby resign as	D 7 (Title)
			, ,
of C&J Gr	Poup Co	NP.	
P090000 21929 (Document Number, if kno	wn), a co	orporation organized u	nder the laws of the State of
Florida	·		
·	fac	l'aur	
	(Signatur	e of resigning officer/direct	ctor)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314