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(Re	questor's Name)	
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COVER LETTER

Division of Corporations
SUBJECT: EFRAIN AND CJ (Name of Corporation)
DOCUMENT NUMBER: P100000 53183
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
EFRAIN COA (Name of Person)
(Name of Person)
EFRAIN AND CJ (Name of Firm/Company)
17066 Collins Avenue
Sunny Isles Beach FL 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
Efrain Coa at (954) 588-2547 (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

SECRETARIAS CASTATE I, CUDVERTO ARIAS ____, hereby resign as_ of EFRAIN AND CJ. INC.
(Name of Corporation) P1000053183 , a corporation organized under the laws of the State of (Document Number, if known) FIORIDA (Signature of resigning officer/director)

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