P08000108669

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COVER LETTER

Amendment Section Division of Corporations			
_{CT:} MLJ Ventures	, Inc.		_
	(Name of Corporat	ion)	_
		ation and fee are submitted fo	r filing.
eturn all correspondence concern	ing this matter to t	he following:	
sy Courant			
(Name of Person)		-	
t & Gross, P.A.			
(Name of Firm/Compan	y)	-	
NW Spanish Rive	r Blvd.		
(Address)		-	
		-	
her information concerning this r	matter, please call:		
Sy Courant (Name of Person)	at (561	997-9223 e & Daytime Telephone Number	_
	MLJ Ventures MENT NUMBER: P08000 osed Resignation of Registered eturn all correspondence concern y Courant (Name of Person) t & Gross, P.A. (Name of Firm/Compan) NW Spanish Rive (Address) a Raton, FL 3343 (City/State and Zip Coddrer information concerning this research.)	Olivision of Corporations CT: MLJ Ventures, Inc. (Name of Corporations) MENT NUMBER: P08000108669 Osed Resignation of Registered Agent for a Corporation all correspondence concerning this matter to the seturn all correspondence concerning this matter, please call: Olivious of Corporation (Name of Corporation (Name of Person) Example 1	Original Corporations Original Corporations Original Corporations Original Corporations Original Corporation Original Corporati

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions	of sections $607.0302(2)$, $617.0302(2)$, 60	7.1309, or 617.1309,
Florida Statutes, the under	signed. HCRM CORP.	
	(Name of Registe	
harahu rasians as Dagistar	ed Agent for MLJ Ventures, In	IC.
neredy resigns as registery	(Name of Corp	oration)
P08000108669		
(Document Number, if	known)	
A copy of this resignation	was mailed to the above listed corporatio	n at its last known address.
The agency is terminated a this statement is filed.	(Signature of Resigning Agent)	y after the date on which
If signing on behalf of an o		
And	rew M. Gross	
	(Typed or Printed Name)	
Pres	sident	
	(Capacity)	

Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314