

# K 79254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

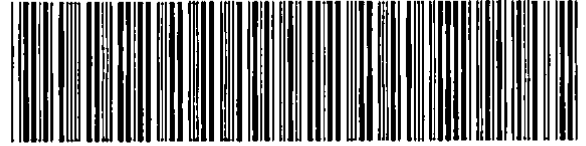
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500333910335

09/06/19--01002--012 \*\*190.00

2019 SEP 05 AM 10:05

FILED

2019 SEP -5 PM 4:45

RA/Res

SEP 06 2019  
i ALBRITTON

If

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

JONATHAN RESORTS, INC.

PLEASE RETURN A STAMPED COPY

CK# 8344      FOR:    \$190.00      (\$35.00 for this filing)

THANK YOU!

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, ATRIUM REGISTERED AGENTS, INC.  
(Name of Registered Agent)

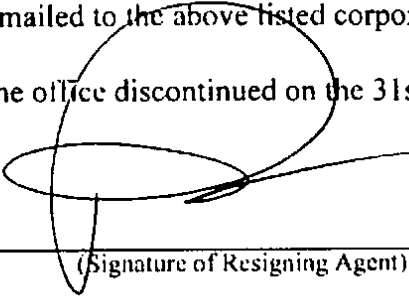
hereby resigns as Registered Agent for JONATHAN RESORTS, INC.  
(Name of Corporation)

K79254

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

RALPH A. NARDI

(Typed or Printed Name)

VICE PRESIDENT, DIRECTOR

(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withdrawn corporation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

2011  
11/10/05