

240244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

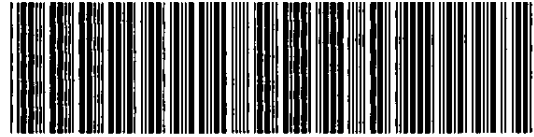
(Business Entity Name)

(Document Number)

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Resignation
to RA

10/15/10--01032--010 **35.00

2010 OCT 15 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AR
10/18/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MANUCY -J H- INC
(Name of Corporation)

DOCUMENT NUMBER: 240244

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACOB GOMIS
(Name of Person)

MANUCY -J H- INC
(Name of Firm/Company)

4694 PALM AVENUE - SUITE 203
(Address)

HIALEAH, FLORIDA 33012
(City/State and Zip Code)

For further information concerning this matter, please call:

JACOB GOMIS at (305) 821-1281
(Name of Person) (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

OCT 15 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

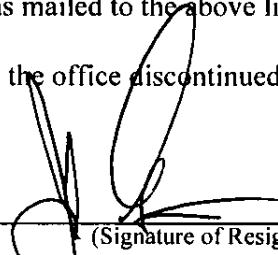
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, JACOB GOMIS
(Name of Registered Agent)

hereby resigns as Registered Agent for MANUCY -J H- INC
(Name of Corporation)

240244
(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:

JACOB GOMIS
(Typed or Printed Name)

VICE PRESIDENT, SECRETARY
(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**