FO 100000 3062

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
- Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





800254216478

12/03/13--01006--011 **140.00

SCORETARY OF STATE

13 DEC -3 PM II: L.7



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,	NRAI SERVICES, INC.
, , , , , , , , , , , <u>, , , , , , , , </u>	(Name of Registered Agent)
hereby resigns as Registered Agent for	JLM CHEMICALS, INC. (DE. DOM.)
nereoy resigns as registered regent for	(Name of Corporation)
F01000003062	
(Document Number, if known)	
A copy of this resignation was mailed to	o the above listed corporation at its last known address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which
	hay
(Si	gnature of Resigning Agent)
If signing on behalf of an entity:	
NRAI SERV	ICES, INC THERESA ALFIERI
(Typed or Printed Name)
AS	SISTANT 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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,	NRAI SERVICES, INC.	
	(Name of Registered Agent)	•
1 1 2 B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JLM CHEMICALS, INC. (DE. DOM.)	
hereby resigns as Registered Agent for	(Name of Corporation)	.,
F01000003062	(
(Document Number, if known)		
(Document Number, 11 known)		
A copy of this resignation was mailed t	o the above listed corporation at its last known address.	
The agency is to well and the CC	discounts of a decidence of the contract of th	
this statement is filed.	e discontinued on the 31st day after the date on which	
uns statement is med.		
	Kind I	
(Si	gnature of Resigning Agent)	 -(
(3)	cu cu	Ţ.
If signing on behalf of an entity:	33	2
	င်	<u> </u>
NRAI SERV	ICES, INC THERESA ALFIERI	``_
	(Typed or Printed Name)	
	•	
AS	SISTANT SECRETARY	· ii I A
	(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