lorida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

	<b>3 3 3 -</b>		
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## REGISTERED AGENT RESIGNATION JACO ENVIRONMENTAL, INC.

Certificate of Status	0
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## **COVER LETTER**

SUBJECT: Jaco Environr			
E130/	(Name of Corpor	ation)	<b></b>
DOCUMENT NUMBER: F1300	00001513		_
The enclosed Resignation of Register	ed Agent for a Corpo	oration and fee are submitted	for filing
Please return all correspondence conc	erning this matter to	the following:	
Theresa Alfieri		•	
(Name of Person	)	_	
C T CORPORATION	SYSTEM		
(Name of Firm/Com	pany)	<del>.</del>	
111 8th Avenue, 131	th Floor		
(Address)		_	
New York, New York	10011	• •	
(City/State and Zip C	ode	_	
For further information concerning thi	is matter, please call:		
Theresa Alfieri	at (212	,894-8516	
(Name of Person)	(Area Cod	e & Daytime Telephone Numb	er)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.	1509,	
Florida Statutes, the undersigned, C T CORPORATION SYSTEM		
(Name of Registered Agent)		
hereby resigns as Registered Agent for Jaco Environmental, Inc.		
(Name of Corporation)		
F13000001513		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	wn addre	ss.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which	
Signature of Resigning Agent)		
If signing on behalf of an entity:		
CT CORPORATION SYSTEM-Theresa Alfleri	1 = 1 	±8 €
(Typed or Printed Name)		JUN I
ASSISTANT SECRETARY		FILED
(Capacity)	5×	بو ج
		ယ္

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