## Requester's Name

Address	1. Ste. 100 480-4347 Office Use Only (if known):
1. (Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	4000032819241 -06/08/0801081008 (Document#) ****262.58 *****35.08
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

**Examiner's Initials** 

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, 61 7.1509,	
Florida Statutes, the undersigned, KEITH C. AUSTIN, JR.	
(Name of registered agent)	
hereby resigns as Registered Agent for J & M WHOLESALERS, INC.	_
(Name of corporation)	
to a second of the second of the left brown address	
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.	
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S S S	
(Signature of resigning agent)	
TC - in an habelf of an entity	i
If signing on behalf of an entity:	
Keith C. Austin Tu	
(Typed or Printed Name)	
Regulard Agent	
(Capacity)	

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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