## F990000341/

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Coples	_ Certificates	of Status		
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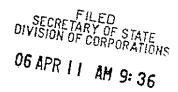
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25 4/17/06

## **COVER LETTER**

Division of Corporations	
SUBJECT:	JRJ EXPRESS, INC.
	(Name of Corporation)
DOCUMENT NUMBER:	F99000003411
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
NINH HO	
(Name of Perso	on)
PARACORP INCOI	RPORATED
(Name of Firm/Co	mpany)
P.O. BOX 160	0568
(Address)	-
SACRAMENTO, CA	95816-0568
(City/State and Zip	Code)
For further information concerning	this matter, please call:
NINH HO	at ( <u>888</u> ) <u>886-7167</u> (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.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

TO: Amendment Section



## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro	visions of sections 607.03	502(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned,	e undersigned,	PARACORP INCORPORAT	ED
,	· · · · · · · · · · · · · · · · · · ·	(Name of Registered Agent)	
hereby resigns as Registered Agent for	Registered Agent for	JRJ EXPRESS, INC.	
		(Name of Corporation)	
F9900	0003411		
(Document N	umber, if known)		<del>-</del>
	inated and the office disc ed.	above listed corporation at its last lead on the 31st day after the determinant of the designing Agent)	
	BARE	BARA GEIGER	
	(Туре	d or Printed Name)	<u> </u>
	SECRETARY FOR	PARACORP INCORPORATED	l
		(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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