J72298

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300419226073

11/21/23--01031--015 **87.50

2020 1:04 21 17112:40

R. HUNT
11/21/23

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: J.M.D., INC. (Name of Corporation)		
,		
DOCUMENT NUMBER: 172298		
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:		
Jack B. Spira		
(Name of Person)		
Spira, Beadle and McGarrell, P.A.		
(Name of Firm/Company)		
5205 Babcock Street	20	Ξ
(Address)	2023 Luiv 2	7
Palm Bay, Florida 32905	25	· ·
(City/State and Zip Code)		ξ,
For further information concerning this matter, please call:	=======================================	
Jack B. Spira 321 725-5000 at ()	PH 12: 40	•
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Jack B. Spira
(Name of Registered Agent)
hereby resigns as Registered Agent for J.M.D., INC.
(Name of Corporation)
J72298
(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:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314