## J98772

(Requestor's Name)
(Address)
(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:

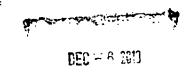




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## **COVER LETTER**

filing.

TO: Amendment Section Division of Corporations
SUBJECT: D.J.E. REALTY LIMITED, INC.
(Name of Corporation)  DOCUMENT NUMBER: J98772
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for
Please return all correspondence concerning this matter to the following:
RESIGNATION DEPARTMENT
(Name of Person)
CORPORATION SERVICE COMPANY
(Name of Firm/Company)
80 STATE STREET
(Address)
ALBANY NY 12207
(City/State and Zip Code)
For further information concerning this matter, please call:
RESIGNATION DEPARTMENT at (518 433-7018 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
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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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 607.0502(2), 617.0502(2), 607.150	J9, or 617.1509,	
Florida Statutes, the undersigned, CORPORATION SERVICE COMPANY			
	(Name of Registered A	gent)	
hereby resigns as Registered Agent	or D.J.E. REALTY LIMITED, INC. (Name of Corporation)		
100770	(Name of Corporatio	·II )	
J98772			
(Document Number, if known)			
A copy of this resignation was mai	led to the above listed corporation at	its last known address.	
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the state of Resigning Agent)	er the date on which	
If signing on behalf of an entity:		7. 19	
ROBIN MC		19 NOV -	
	(Typed or Printed Name)		
ASST. SEC	CRETARY		
<del>-</del>	(Capacity)	<del></del>	

**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