11000019216

(Re	equestor's Name)	••
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(В	Isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



200241518032

11/08/12--01018 -021 **105.00

J. SAULSBERRY **EXAMINER**

NOV 15 2012

COVER LETTER

TO:	Amendment Section	
	Division of Corporations	

SUBJECT: Jour Paradise Group []
(Name of Corporation)

DOCUMENT NUMBER: 4/10000/92/4

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Person)

(Name of Firm/Company)

4559 Mandaind III

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Name of Person) at (S50) 496-2150 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Bobbic Fenn, hereby resign as MG	jitle)	_
of Jour Paradise Group LLC (Name of Corporation)	<i></i> ,	
(Document Number, if known), a corporation organized under the laws of the	e State of	
forda.		
(Signature of resigning officer/director)	ZIE NOV 13 AM 9: (SECRETARY OF STAT TALLAHASSEE, FLOR	p posterior de la constanta de

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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