N00000007400

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PłCK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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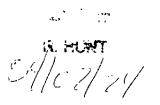




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04/02/24--01028--018 **87.50





COVER LETTER

TO: Amendment Section Division of Corporations			
Jacksonville Beach Elementary Preservation Fund, Inc. SUBJECT:			
(Name of Corporation)			
DOCUMENT NUMBER: N0000007400			
The enclosed Resignation of Registered Agent for a Corporation and fee are si	ubmitted for	filing.	
Please return all correspondence concerning this matter to the following:			
Office Manager			
(Name of Person)			
Ford Miller & Wainer PA			
(Name of Firm/Company)			
1835 3rd St S	<u> </u>	1	
(Address)	1355 1355	72	:
Jacksonville Beach FL 32250	TASSEE, FL	12:	, and
(City/State and Zip Code)	A A E	36	
For further information concerning this matter, please call:			
Lillie Sullivan, President			
(Name of Person) at () (Area Code & Daytime Telepho	one 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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	x 607.0503(2), 617.0502(2), 607.15	509, or 617.1509,		
Florida Statutes, the undersigned. $\frac{1}{2}$	David Wainer			
	(Name of Registered Agent)			
hereby resigns as Registered Agent for	Jacksonville Beach Elementary Preservation Fund, Inc.			
nereby resigns as registered Agent a	(Name of Corporation)			
00007400				
(Document Number, if known)				
A copy of this resignation was mailed	d to the above listed corporation at	its last known address.		
The agency is terminated and the offi	ce discontinued on the 31st day af	ter the date on which		
this statement is filed	(Signature of Resigning Agent)			
~	(Signature of Resigning Agent)			
If signing on behalf of an entity:		***		
		. **		
	(Typed or Printed Name)			
		S No		
		SON THE STA		
	with the state of	PHIZ: 36		
	(Capacity)	36 TE		

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