1003 000000 9413

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C Kinsey

COVER LETTER

(Nam	e of Person)	(Area Code	e & Daytime Telephone Number)	
Steve Selde	ers	_{at (} 904	665-8963 e & Daytime Telephone Number)	
For further informati	on concerning this matter	•		
, (C	ity/State and Zip Code)		_	
Jacksonville	e, Florida 322	02		
	(Address)			
21 W. CHU	RCH ST., T-2	2	_	
· ·	lame of Firm/Company)			
JEA			_	
	(Name of Person)		_	
STEVE SE	LDERS			
Please return all corr	espondence concerning t	his matter to t	the following:	
The enclosed Resign	ation of Registered Agen	it for a Corpor	ration and fee are submitted for filing	<u> </u>
DOCUMENT NUN	IBER: N0300000941	3		
	(Na	ime of Corpora	tion)	
SUBJECT: JEA FIT	NESS ASSOCIATION	I, DOWNTO	WN FACILITY, INC	
Division of C	•			

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 sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Michelle Petty
(Name of Registered Agent)
hereby resigns as Registered Agent for
(Name of Corporation)
N0300009413
(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.
uns statement is med.
(Signature of Resigning Agent)
(Signature or resigning Agent)
If signing on behalf of an entity:
Michelle Petty (Typed or Printed Name)
(Typed of Clinica Name)
V.P
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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