

# N13000009414

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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14 MAR - 7 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

C. LEWIS  
MAR 10 2014  
EXAMINER

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JUBILATIONS ART CENTER, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** N13000009414

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

Please return all correspondence concerning this matter to the following:

LAMONT CRUMP  
(Name of Person)

(Name of Firm/Company)

760 NW 48TH ST  
(Address)

MIAMI, FL 33127  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAMONT CRUMP at (305) 746-0822  
(Name of Person) (Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

APPROVED  
AND  
FILED

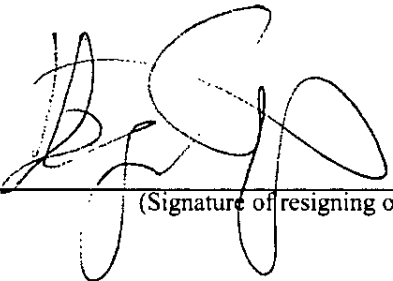
14 MAR -7 AM 7:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, LAMONT CRUMP, hereby resign as VP  
(Title)

of JUBILATIONS ART CENTER, INC  
(Name of Corporation)

N13000009414  
(Document Number, if known), a corporation organized under the laws of the State of  
FLORIDA

  
(Signature of resigning officer/director)

**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