Requisit Name

JOE MILLS JR

— P O BOX 1206

BELLEVIEW FL 34421

800003802148--5 -03/06/01--01063--010 *****122.50 ******87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		
(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	
3.	(Document #)	
(Corporation Name)	(Document #)	R-9 AN
(Corporation Name) Walk in Pick up ti	(Document #)	Iffied Copy
☐ Mail out ☐ Will wait		ificate of Status
NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFIC	ATION
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	3047
	Exami	iner's Initials

CR2E031(7/97)

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, JOE

(ivame of registered agent)
hereby resigns as Registered Agent for <u>Flee Will Jemole</u> . OF God, Tale. (Name of corporation)
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.
If signing on behalf of an entity: ALLARY OF STATE (Typed of Printed Name) ALLARY OF STATE (Typed of Printed Name) Agent (Signfature of resigning agent) ALLARY OF STATE (Typed of Printed Name)

Fee for filing this document: \$87.50 Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314