N48697

| (Requestor's Name) | | | |
|---|------------------------|--|--|
| | | | |
| (Address) | | | |
| | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/P | hone #) | | |
| | | | |
| PICK-UP WAIT | MAIL | | |
| | | | |
| (Business Entity | Name) | | |
| (Duemose Linky | , | | |
| (Document Num | hori | | |
| (Bocument Num | bei) | | |
| Continue Continue Continue | and a first of Charles | | |
| Certified Copies Certific | ates of Status | | |
| | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

,

Office Use Only



000017169190

05/19/03--01016--015 **70.00 [

DOMAY 19 AMII: 3

FILED

03 MAY 19 AM 10: 52

C. Coullians

| | • | |
|---|--|----|
| Holland & Knight LI Requester's Name | L.P | |
| 315 So. Calhoun Stree | et ' ' | |
| 425-5675 | | |
| City/State/Zip Pho | one # | |
| | | |
| | Office Use Only | |
| | OCUMENT NUMBER(S), (if known): | |
| 1. Joe-Bill Associal. | (Document #) | |
| (Corporation Number) | (Dodanical #) | |
| 2. (Corporation Name) | (Document #) | |
| i. | | |
| 3. (Corporation Name) | (Document #) | |
| | | |
| 4. (Corporation Name) | (Document #) | |
| ☐ Walk in ☐ Pick up tim | ne Certified Copy | |
| ☐ Mail out ☐ Will wait | Photocopy | \$ |
| NEW FILINGS | AMENDMENTS | |
| Profit Not for Profit Limited Liability Domestication Other | Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger | |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | |
| Annual Report Fictitious Name | ☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other | |
| | Examiner's Initials | |

TRANSMITTAL LETTER

| | Amendment Section Division of Corporations | | - |
|--------------------------------|--|---|---------------------------------------|
| SUBJE | CT: <u>Joe-Bill Associ</u> | ation, Inc. (Name of Corporation) | · · · · · · · · · · · · · · · · · · · |
| DOCU | MENT NUMBER: N | 48697 | <u></u> |
| The enc | losed Officer/Director Resig | nation for a Corporation and fee are | submitted for filing |
| Please re | eturn all correspondence con | cerning this matter to the following | 5. |
| <u>Miche</u> | lle DeRosa Mulay, Esq. (Name of Perso | on) | |
| <u>Hollar</u> | nd & Knight LLP (Name of Firm/Cor | npany) | |
| One Ea | ast Broward Boulevard. (Address) | <u>Suite 1300</u> | |
| <u>Fort</u> | auderdale, FL 33301 (City/State and Zip | Code) | |
| For furtl | ner information concerning t | his matter, please call: | |
| Miche | (Name of Person) | at (<u>954</u>) 468-79 (Area Code & Daytime | 934 Telephone Number) |
| Enclose | d is a check for \$35.00 made | payable to the Florida Department | of State. |
| Amendr Division P.O. Box | Address: nent Section of Corporations x 6327 see, FL 32314 | Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 | |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I. | William Chapman | , hereby resign as | President & Director |
|----|---|--|--|
| - | | | (Title) |
| of | Joe-Bill Assoc <u>ia</u> ti <u>on</u> , | | |
| _ | (Nam | e of Corporation) | |
| | N48697 (Document Number, if known) | a corporation organized unde | er the laws of the State of |
| | Florida | | V . 2 |
| | | | FIL 2003 MAY 19 SECRLIGRY ALLAHASSE |
| | | (Signature of resigning officer/director | 9 AM II: 31 |

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