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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JNM Makarios, Inc.	
(Name of Corporation)	_
DOCUMENT NUMBER: P00000012266	_
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the following:	دم
Corinne P. McClure, Senior Paralegal	
(Name of Person)	4
McGuireWoods LLP	= = == >> ==
(Name of Firm/Company)	سب. سب
50 North Laura Street, Suite 3300	යා
(Address)	
Jacksonville, FL 32202	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Corinne McClure (Name of Person) at (904) 798-3294 (Area Code & Daytime Telephone Number	
(Name of Person) (Area Code & Daytime Telephone Number	<u>)</u>
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an acor \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporations.	ctive corporation ion.

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

· F.,.

Pursuant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 61	7.1509.
Florida Statutes, the undersigned, RAX Co.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for JNM Makarios, Inc.	
(Name of Corporation)	
P0000012266	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kn	iown address.
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	e on which
(Signature of Rosigning Agent)	- > :
If signing on behalf of an entity:	۔۔ ن
Lisa O. Taylor (Typed or Printed Name)	-
(/ yped of / finica (dame /	
President	
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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