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	To: Division of Corporations Fax Number : (B50)617-6380 From: Account Name : SIEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON Account Number : 120060000135 Phone : (305)789-3200 Fax Number : (305)789-4137 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:
	REGISTERED AGENT RESIGNATION S S J MANAGEMENT, INC. Certificate of Status Certified Copy Page Count Estimated Charge Status Certified Copy Certified Copy Certif

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- CEINED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

=	visions of sections 607.0503(2), 617.0502(2), 607.1509, or 617	.1509,	
Florida Statutes, the	e undersigned, Curtis H. Sitterson (Name of Registered Agent)		
haushu usaima aa D	S S J Management, Inc.		
hereby resigns as K	egistered Agent for		
P00000053377			
(Document Nu	mber, if known)		
A copy of this resig	nation was mailed to the above listed corporation at its last kno	own address.	
The agency is termi this statement is file 	(Signature of Resigning Agent) of an entity:	00240CT 17 AH 9: 38	
	(Typed or Printed Name)		
	(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withdrawn corporation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

CR2E046 (12/19)