

PO0000060406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

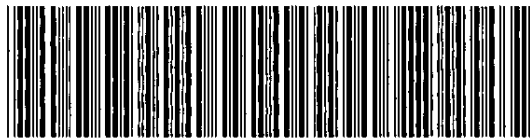
(Document Number)

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Certificates of Status \_\_\_\_\_

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600146406886

*Resignation  
to Officer*

03/20/09--01019--022 \*\*122.50

2009 MAR 20 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*ARE  
3/24/09*

DIRECTOR

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JAT WHOLESALE INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000060406

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

Please return all correspondence concerning this matter to the following:

ROBERTO TORRES SR

(Name of Person)

JAT WHOLESALE INC

(Name of Firm/Company)

400 ARTHUR GODFREY RD #506

(Address)

MIAMI BEACH FL 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

NEVIN K SHAPIRO

(Name of Person)

at ( 305 ) 301-8601

(Area Code & Daytime Telephone Number)

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

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

**2009 MAR 20 AM 9:34**

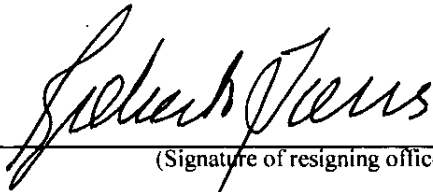
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, ROBERTO TORRES SR, hereby resign as PRESIDENT  
(Title)

of JAT WHOLESALE INC  
(Name of Corporation)

P00000060406, a corporation organized under the laws of the State of  
(Document Number, if known)

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