P00000097518

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	by/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





000057586850

07/20/05--01009--005 **87.50

O5 JUL 22 PH 12: 50
SECRETARY OF STATE

Was Offer

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Jasher Industries, Inc. (Name of Corporation) DOCUMENT NUMBER: P000000 97518
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DeBora C. Mincey (Name of Person)
(Name of Firm/Company)
4822 98 OVE Point DR. (Address)
Tampa 21 33624 (City/State and Zip Code)
For further information concerning this matter, please call:
at (813) 9631964 (Name of Person) at (813) 9631964 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	.1509,		
Florida Statutes, the undersigned, DeBora C. Mince (Name of Registered Agent)	4		
hereby resigns as Registered Agent for <u>Jasher Tndust</u> (Name of Corporation)	ies,	I,	rc.
P 000000 97518 (Document Number, if known)			
A copy of this resignation was mailed to the above listed corporation at its last kno	wn addr	ess.	
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on whic	h	
DeBora C. mincey	SEC	S	
(Signature of Resigning Agent) (\(\) If signing on behalf of an entity:	RETARY	JUL 22	
(Typed or Printed Name)	OF STA	PH 12: 50	
(-),	쓸듯	50	
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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