P0/000025294

| (Requestor's Name) | |
|---|----------------|
| (Address) | 400251962 |
| (Address) | |
| (City/State/Zip/Phone #) | 09/25/1301021- |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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| | Town. |

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT, JAMEL INVESTMENT, INC.

(Name of Corporation)

DOCUMENT NUMBER: P01000025294

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:

MANUEL FIGUEREDO

(Name of Person)

JAMEL INVESTMENT, INC.

(Name of Firm/Company)

12750 SW 188 STREET

(Address)

MIAMI, FL 33177

(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL FIGUEREDO ... 3

(Name of Person)

at (305) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

| Pursuant to the provisions of section | ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509. |
|---|--|
| Florida Statutes, the undersigned, | BERNARDO CAMPUZANO |
| • | (Name of Registered Agent) |
| frank, water as Ossist and Com- | JAMEL INVESTMENT, INC. |
| nereby resigns as Registered Agen | (Name of Corporation) |
| P01000025294 | |
| (Document Number, if known) | |
| A copy of this resignation was mai | iled to the above listed corporation at its last known address. |
| The agency is terminated and the c this statement is filed. | office discontinued on the 31st day after the date on which |
| | (Signature of Resigning Agent) |
| If signing on behalf of an entity: | TO THE STATE OF TH |
| | (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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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