P01000074804

(Re	questor's Name)	- · ·
(Ad	dress)	
	dress)	
(Ad	aless)	
(Cit	y/State/Zip/Phone	e#)
		ŕ
PICK-UP	☐ WAIT	MAIL
		•
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000215145670

12/19/11--01036--008 **87.50

SECRETARY OF SIMIT

APPROVEL

alles 3/1

COVER LETTER

TO:	Amendment Section
	Division of Corporations
SUBJ	ECT: HACIENDA JONSEB, INC.
	(Name of Corporation)
DOCU	JMENT NUMBER: P01000074804
Γhe er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
TFR	ESA ABOOD HOFFMAN, ESQ.
,	(Name of Person)
HOF	FMAN & HOFFMAN, P.A.
• •	(Name of Firm/Company)
848	BRICKELL AVE., SUITE 501
	(Address)
MIAI	MI, FL 33131
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
TER	ESA ABOOD HOFFMAN, ESQ. at (305) 372-2877
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, <u>LU</u>	Z MONTOYA (Name of Registered Agent)	
hereby resigns as Registered Agent for	HACIENDA JONSEB, INC.	
	(Name of Corporation)	
P01000074804		
(Document Number, if known)		
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date on which	
If signing on behalf of an entity:		
Luz	Lagdaly Hortoya Typed of Printed Name)	1000

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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