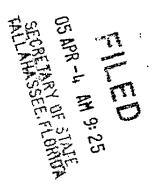
P02000011649

(Rec	juestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			

Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JIREH FINANCIAL GROUP, INC.
(Name of Corporation)
DOCUMENT NUMBER: P02000011649
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:
Alison Gentry
(Name of Person)
Business Filings Incorporated
(Name of Firm/Company)
Registered Agent Dept., 8025 Excelsior Dr, Ste 200
(Address)
Madison, WI 53717
(City/State and Zip Code)
For further information concerning this matter, please call:
Alison Gentry at (800) 981-7183 x 261 (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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 provis	ions of sections of	07.0502(2), 617.0502(2), 607.1509, or 617.	1509,	
Florida Statutes, the undersigned, BUSINESS FILINGS INCORPORATED (Name of Registered Agent)				
		(Name of Registered Agent)		
hereby resigns as Registered Agent for JIREH FINANCIAL GROUP, INC.				
, , ,		(Name of Corporation)		
P02000011649		and the second s		
(Document Numi	per, if known)	<u> </u>		
A copy of this resigna	tion was mailed to	o the above listed corporation at its last kno	wn address.	
The agency is termina this statement is filed.		discontinued on the 31st day after the date	on which	
	Mil	Seff Aug	w.	
(Signature of Resigning Agent)				
If signing on behalf of	an entity:			
M	ark Schiff	· · · · · · · · · · · · · · · · · · ·	朝 3	
	(Typed or Printed Name)	SHOW IN	
A	√P of Business I	Filings Incorporated	9.25	
		(Capacity)	色点	

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