Puzaau 36924

(Re	equestor's Name)			
(Ac	idress)	<u> </u>		
(Ac	idress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(LX	ocument Number)			
Certified Copies	Certificates	of Status		
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P. M. Pasign

FILED AM 5: 34

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JPD USA COLP.
DOCUMENT NUMBER: POZOOOO 36924
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:
DORA JIMENEZ
(Name of Person)
(Name of Firm/Company)
13810 NW 107 AVE. (Address)
HALEAL, FL 33018
(City/State and Zip Code)
For further information concerning this matter, please call:
DORA JIMENEZ at (3al) 8201001 (Name of Person) (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

CR2E046 (04/12)

And the second

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.	JUAN C. NOVO	
-	(Name of Registered Agent)	
hereby resigns as Registered Agent for	J.HD. USA GORP.	
P02000 01600	(Name of Corporation)	
P02000036924		
(Document Number, if known)		
A copy of this resignation was mailed to th	e above listed corporation at its last known address.	
The agency is terminated and the office distancement is filed.	continued on the 31st day after the date on which	
(Signat	ure of Resigning Agent)	<u> </u>
If signing on behalf of an entity:	1	NOV -S
(Тур	ed or Printed Name)	B AM 5:
	(Capacity)	088 088 088 088
	(Cupuchy)	•

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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