Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Email Address:

Account Name : DUSS, KENNEY, SAFER, HAMPTON & JOOS, P.A.

Account Number: 120090000089 : (904)543-4300 Phone : (904)543-4301 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT RESIGNATION PAT & J, INC.

Certificate of Status	0
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P02000056912

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PAT & J, INC.
(Name of Corporation) DOCUMENT NUMBER: P02000056912
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:
Eliot J. Safer
(Name of Person)
Duss Kenney Safer Hampton & Joos, P.A. (Name of Firm/Company)
4348 Southpoint Blvd., Suite 101 (Address)
Jacksonville, FL 32216 (City/State and Zip Code)
For further information concerning this matter, please call:
Eliot J. Safer (Name of Person) at (904) 543-4300 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

P02000056912

CR2E046 (04/12)

P02000056912

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	309,	
Florida Statutes, the undersigned, Eliot J. Safer (Name of Registered Agent)		
(Name of Registered Agent)		
Pat & J. Inc.		
hereby resigns as Registered Agent for Pat & J, Inc. (Name of Corporation)		
P02000056912		
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	m address.	
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. (Signature of Resigning Agent)	n which	
If signing on behalf of an entity:		19 SEP
(Typed or Printed Name)		
(Capacity)	BE ;	. `

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