

PD3000063653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

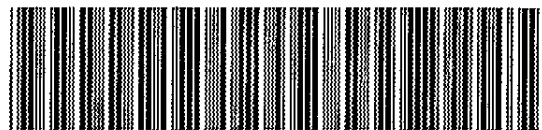
(Business Entity Name)

(Document Number)

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03 SEP 29 PM 2:57
INDEPENDENT

Off Receipt
T. Lewis 10/3/03


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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03 SEP 29 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Maggie Speckmann, hereby resign as Director
(Title)

of A JCA Event, Inc.
(Name of Corporation)

P03000063653, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314