## P03000103184

(Requestor's Name)	
(Address)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
, (Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	





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SECRETARY OF STATE
ANASSEE. FLORIDA



## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: LHI JUPITER CORP.
SUBJECT: LHI JUPITER CORP.  (Name of Corporation)  DOCUMENT NUMBER: PO3000103184
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:
HILLARY HARRISON GULDEN, ESQ (Name of Person)
(Name of Firm/Company)
220 SunRISE AVE, STE 106A
PALM BEACH FL 33480 (City/State and Zip Code)
For further information concerning this matter, please call:
HILLARY H. GULDEN at (561) 707-4757 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 607.0502(2), 617.0502(2), 607.1509, or 617.13	509,	
Florida Statutes, the undersigned, HILLARY HARRISON GULLEN (Name of Registered Agent)		
hereby resigns as Registered Agent for	,	
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last know	n 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)  If signing on behalf of an entity.	n which	
(Typed or Printed Name)	09 APR SECRET	
(Typed of Trinted Name)	-8 FARY	
(Capacity)	PM 2: OF ST E. FLO	-

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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