P03000147970

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

Office ———	(Name of Person)	904 at (390-1970)_ le & Davtime Teleph	one Number)		
	rther information concerning this mat 	·			52	
	(City/State and Zip Code)			E, F	PH 2: 52	********
Jackson	nville Beach FL 32250		 -	HSS HSS X	PH	61 (1 -
	(Address)				j	•
1835.3	rd St N			,	•	
	(Name of Firm/Company)		_		Ŧ.	
Ford M	iller & Wainer PA					
	(Name of Person)		_			
Office	Manager					
Please	return all correspondence concerning	g this matter to	the following:			
The er	nclosed Resignation of Registered Ag	ent for a Corpo	ration and fee are s	submitted for f	iling.	
DOCU	JMENT NUMBER: P03000147970					
	(Name of Corpora	ition)			
SUBJ	C & J Griffith, Inc. ECT:					
TO:	Amendment Section Division of Corporations					

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 1

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.15	509, or 617,1509,		
Florida Statutes, the undersigned,	David Wainer			
(Name of Registered Agent)				
hereby resigns as Registered Agen	t for			
	(Name of Corporati	ion)		
P03000147970				
(Document Number, if known)				
A copy of this resignation was ma	iled to the above listed corporation at	its last known address.		
The agency is terminated and the chais statement is filed.	office discontinued on the 31st day at	ter the date on which		
	(Signature of Resigning Agent)			
If signing on behalf of an entity:		· ?		
	(Typed or Printed Name)			
		SEE SEE		
		2: 52 STATE		
	(Capacity)	' II %		

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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