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(Re	equestor's Name))
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: I.D.L. WHOLESALES, (Name of Corpora	Corporation ation)
DOCUMENT NUMBER: \$ 04.0000 30942	
The enclosed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
(Name of Person)	_
(Name of Firm/Company)	477002)
(Address)	_
EUSTIS, FL 32727 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, please call	:
(Name of Person) at (351) (Area Coo	223-1948 de & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Departme or \$35.00 for an administratively dissolved, voluntarily dis	ent of State for \$87.50 for an active corporationsolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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, Yui CHinks Huant (Name of Registered Agent)
hereby resigns as Registered Agent for J.D.L. WHOLE SALES CORPORATION, (Name of Corporation)
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
95 8
(Capacity)
Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation