

04 0000 44622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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08 APR 24 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Res
CRG
4/25

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jacksonville Chiropractic Center INC
(Name of Corporation)

DOCUMENT NUMBER: PD40000 44622

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:

Adam Sargent
(Name of Person)

(Name of Firm/Company)

1020 MADELINE AVE # 1504
(Address)

Port Orange FL 32129
(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Sargent at (734) 637-2094
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RECEIVED
APR 24 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2008

ADAM SERGENT
1020 MADELINE AVENUE #1504
PORT ORANGE, FL 32129

SUBJECT: JACKSONVILLE CHIROPRACTIC CENTER, INC
Ref. Number: P04000044622

We have received your document for JACKSONVILLE CHIROPRACTIC CENTER, INC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$2.50 is due.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 108A00019126

**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, ADAM Sargent

(Name of Registered Agent)

hereby resigns as Registered Agent for Jacksonville Chiropractic Center Inc.

(Name of Corporation)

PO40000 44622

(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.

Ad Sargent
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
08 APR 24 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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