

P04000054990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

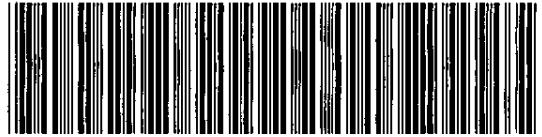
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600137983396

11/17/08--01016--024 \*\*35.00

SECRETARY OF STATE  
JANIS A. STELLER  
JANIS.A.STELLER@STATE.NJ.GOV

08 NOV 17 PM 3:12

FILED

*RA Resign*  
C.COULLIETTE  
NOV 19 2008  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JUMPER USA, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000054990

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:

SHARON COOKE

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

236 EAST 6TH AVENUE

(Address)

TALLAHASSEE, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON COOKE

(Name of Person)

at ( 888 ) 886-7166

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 617.1509,

Florida Statutes, the undersigned, PARACORP INCORPORATED

(Name of Registered Agent)

hereby resigns as Registered Agent for JUMPER USA, INC

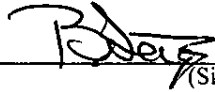
(Name of Corporation)

P04000054990

(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:

BARBARA GEIGER

(Typed or Printed Name)

SECRETARY, PARACORP INCORPORATED

(Capacity)

**FILED**  
08 NOV 17 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

**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