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TRANSMITTAL LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Jewish Business Network, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P04000151239	····
The enclosed Resignation of Registered Agent for a Corporation and fee are submit	ted for filing.
Please return all correspondence concerning this matter to the following:	
Toni Ross	
(Name of Person)	-
Toni B. Ross,PA, Attorney at Law	
(Name of Firm/Company)	• •
100 S. Military Trail, Suite 19	
(Address)	- - "
Deerfield Beach, Florida 33442	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
Toni Ross at (954) 834-0202	
(Name of Person) (Area Code & Daytime Telephone No	umber)
-	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provi	sions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617	.1509,	
Florida Statutes, the	undersigned. To	ni B. Ross, PA Attorney at Law		
,,		(Name of Registered Agent)		
hereby resigns as Reg	gistered Agent for	Jewish Business Network, Inc.		
	5.000.00 (. g.,o.	(Name of Corporation)		. و
P04000151239				
(Document Num	ber, if known)	· · · · · · · · · · · · · · · · · · ·	. =	
A copy of this resigna	ation was mailed to	o the above listed corporation at its last kno	own address.	,
The agency is terminathis statement is filed		discontinued on the 31st day after the date	on which	
	(Si	gnature of Resigning Agent)	<u>7</u> 88 8 5	
If signing on behalf of		gradue of recogning regency	MAR 2 URETA	<u> </u>
	oni Ross		SEE. F	П
	(Typed or Printed Name)	15. Z	O
P	President		35 RID,	
		(Capacity)		

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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