

P05000050605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

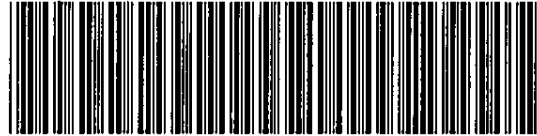
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jim's Place, Inc
(Name of Corporation)

DOCUMENT NUMBER: P05000050605

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

FRANCISCO ARGUELLO
(Name of Person)

~~JIM'S PLACE INC~~ FRANK'S DENTAL LAB
(Name of Firm/Company)

146 OVIEDO STREET
(Address)

ST AUGUSTINE FL 32084
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK ARGUELLO at (904) 794-1917
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

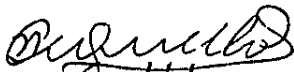
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TALLAHASSEE, FLORIDA

I, FRANCISCO I ARGUELLO, hereby resign as Vice President
(Title)

of JIM'S PLACE, INC
(Name of Corporation)

P05000050605, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.



(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314