## P05000166305

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(Cit	y/State/Zip/Phone	<del>e</del> #)
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJI	$_{ m ECT}$ : JB Financial Of Tampa Bay, Inc.
	(Name of Corporation)
DOCU	MENT NUMBER: P05000166305
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please	return all correspondence concerning this matter to the following:
C. St	ephen Allen , Esq
	(Name of Person)
C. St	ephen Allen, P.A.
	(Name of Firm/Company)
3606	Swann Ave.
	(Address)
Tamp	oa, Florida 33609-4518
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
C. Ste	ephen Allen at ( 813 ) 286-4141
	(Name of Person) (Area Code & Daytime Telephone Number)

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

CR2E046(08/05)
CC: J. Braddy Oct 9,2007

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	s 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, _	C. Stephen Allen, Esq.,
	(Name of Registered Agent)
hereby resigns as Registered Agent i	or JB Financial Of Tampa Bay, Inc.
	(Name of Corporation)
P05000166305	
(Document Number, if known)	<del></del>
A copy of this resignation was maile	ed to the above listed corporation at its last known address.
The agency is terminated and the off this statement is filed.	(Signature of Resigning Agent)
If signing on behalf of an entity:	
	(Typed or Printed Name)
	RID.

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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