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(((H23000034600 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : PETERSON & MYERS PA

Account Number : 120080000078 Phone : (863)683-6511 Fax Number : (863)688-8099

\*\*Enter the email address for this business entity to be used for future co annual report mailings. Enter only one email address please. \*\*

Email Address:\_

## REGISTERED AGENT RESIGNATION JL LAND DEVELOPER, INC.

Certificate of Status	0
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(((H230\00034631 3)))

Help

#### COVER LETTER

(((H23000034631 3)))

TO: Amendment Section Division of Corporations		
SUBJECT: J. L. LAND DEVELOPER. INC. (Name of Corporation)		
DOCUMENT NUMBER: P06000007638		
	lina	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fi	mig.	
Please return all correspondence concerning this matter to the following:		
JACK P. BRANDON	202	
(Name of Person)	3 J	-1
N/A N/A	2023 JAN 27	6-2-2-2-3 
(Name of Firm/Company)		177
225 E. Lemon Street, Suite 300		O
(Address)	8: 42	
Lakeland, FL 33801-1627		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Jack Brandon at ( 863) 683-6511		
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### Mailing Address:

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

### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H230000346313)

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.05	503(2), 617.0502(2), 607.1	509, or 617.1509,
Florida Statutes, the undersigned, JACK P.	BRANDON	
• . –	(Name of Registered	Agent)
hereby resigns as Registered Agent for J. L. J	LAND DEVELOPER IN	<u>Ç.</u>
P060000007638	(Name of Corporat	on)
(Document Number, if known)		
A copy of this resignation was mailed to the	above listed corporation at	t its last known address.
The agency is terminated and the office disconthis statement is filed.	ontinued on the 31st day af	ter the date on which
Ged D. Bre	e of Resigning Agent)	
If signing on behalf of an entity:	t of realisting rigory	SCALLAHA
(Турес	f or Printed Name)	AM 8: 42  Y OF STATE ASSEE, FL
	(Capacity)	

\$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

Fee for filing this document: