(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

SUBJECT: JOAT ENTERPRISES INC	
	(Name of Corporation)
DOCUMENT NUMBER: P06000020	969
The enclosed Resignation of Registered A	gent for a Corporation and fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
JACK BINES	
(Name of Person)	*
(Name of Firm/Company)
14285 SUNSHINE COURT	
(Address)	
LARGO, FL 33774	
(City/State and Zip Code)
For further information concerning this m	atter, please call:
JACK BINES	at (727 ₎ 639-1400
(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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	607.0502(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, the undersigned,	IACK G BINES	
Tromas Statutes, the analysighed,	(Name of Registered Agent)	
hereby resigns as Registered Agent fo	, JOAT ENTERPRISES INC	
nereby resigns as registered regent re	(Name of Corporation)	·
P06000020969		
(Document Number, if known)		
A copy of this resignation was mailed	to the above listed corporation at its last kn	own address.
this statement is filed.	Signatule of Resigning Agent)	e on which
If signing on behalf of an entity:		2009 HAR 24 SECRETAR) TALLAHASSI
	(Typed or Printed Name)	24 AM 8: ARY OF STA SSEE, FLOR
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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