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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ODRES 103/24/09

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: JOAT ENTERPRISES INC		
SCBSECT.	Name of Corporation)	
DOCUMENT NUMBER: P060000209	69	
The enclosed Officer/Director Resignation fo	r a Corporation and fee are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
JACK BINES	Florida Automobile Insurance Identification	
(Name of Person)	Florida Automobile Insurance Identification Card The Travelers Home and Marine Insurance Company AGENT POLICY NUMBER - COMPANY CODE EFFECTIVE DATE 06X113 9826872521011-02974 04/01/08 PERSONAL INJURY PROTECTION BENEFITS / WAMED INSURED NAMED INSURED NAMED INSURED	
(Name of Firm/Company)	ompany) NAMED INSURED LIABILITY LIABILITY	
14285 SUNSHINE COURT	BINES	
(Address)	08 / FORD VEHICLE ID NUMBER 1FTXW43R58EB19465	
LARGO, FL 33774	INSURANCE MARKET PI	
(City/State and Zip Code)	Not valid more than one year from effective date.	
For further information concerning this matter	7	
JACK BINES	at (727) 639-1400	
(Name of Person)	at (727) 639-1400 (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payable	to the Florida Department of State.	
Amendment Section Amenda Division of Corporations Division Clifton Building Post Of	g Address: ment Section n of Corporations fice Box 6327 ssee, FL 32314	

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

۹، JACK BINES	, hereby resign as PRESIDENT
,	(Title)
of_JOAT ENTERPRISES,INC ,	
(Name of	Corporation)
P0600020969 (Document Number, if known)	a corporation organized under the laws of the State of
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

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SECRETARY OF STATE DIVISION OF CORPORATIONS