

PO6000033190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

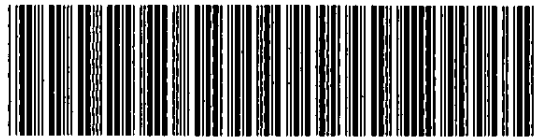
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JZ JUDD INC  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000033190

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZERA B. JUDD  
(Name of Person)

JZ JUDD INC.  
(Name of Firm/Company)

32202 Village Green Blvd  
(Address)

Wassenville IL 60555  
(City/State and Zip Code)

For further information concerning this matter, please call:

ZERA JUDD at (561) 578-1854  
(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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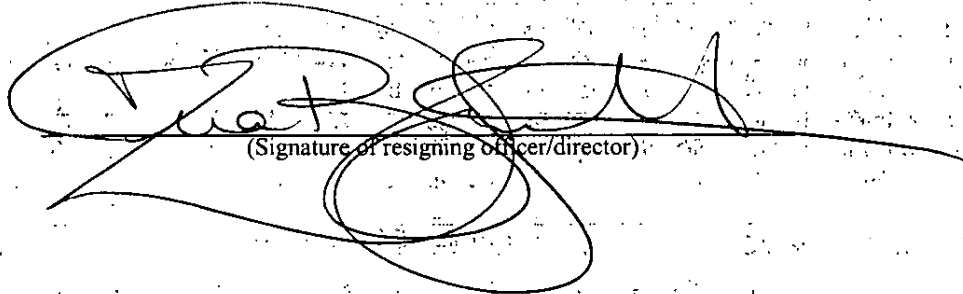
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ZERA B JUDD, hereby resign as President/Director Secretary  
(Title)

of JZ JUDD INC  
(Name of Corporation)

PA6000033190, 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