

PO6000041265

Jade Construction Services

(Requestor's Name)

409 Lafayette Dr.

(Address)

(Address)

Miami Springs FL 33166

(City/State/Zip/Phone #)



PICK-UP



WAIT



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(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Jungle Restaurant + Pizzeria Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000041265

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nestor Perez  
(Name of Person)

Jungle Restaurant + Pizzeria Inc  
(Name of Firm/Company)

2220 NW 7 street  
(Address)

Miami, FL 33125  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nestor Perez at (305) 642 3235  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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 617.1509,

Florida Statutes, the undersigned, \_\_\_\_\_

Galia Pupo

(Name of Registered Agent)

hereby resigns as Registered Agent for \_\_\_\_\_

Jungle Restaurant + Pizzeria Inc

(Name of Corporation)

906 0000 41265

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

Galia Pupo

(Typed or Printed Name)

Registered Agent

(Capacity)

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TALLAHASSEE FLORIDA

**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withdrawn corporation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**