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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : A) A RECISTERED AGENT INC.

Account Number : 120090000032 : (866)703-8828 Phone

1 (561)202-8082 Fax Number

REGISTERED AGENT RESIGNATION

JOANES GROUP INC.

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sec Florida Statutes, the undersigned	tions 607.0502(2), 617.0502(2), 607.1509, or 617.15 A1A REGISTERED AGENT INC. (Name of Registered Agent)	50 9 ,	
hereby resigns as Registered Ago	Ont for JOANES GROUP INC (Nume of Corporation)	`	
P06000079328			
(Document Number, if known)		
A copy of this resignation was m	nailed to the above listed corporation at its last knows	n address.	
The agency is terminated and the this statement is filed.	office discontinued on the 31st day after the date on	which	
	Signature of Resigning Agent)	2009 NO SECRE TALLAH	# 357
If signing on behalf of an entity:		2009 NOV - 2 PM OC SECRETARY OF STATE ALLAHASSEE, FLORIDE	
TINA MAKI			M
	(Typed or Printed Name)	OR.	
PRESIDEN	т	00 A	
	(Capacity)		
\$87.5	or filing this document: 0 - Active corporation 0 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation	'	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 HAPADADA 7 3 3 110 - 2		