

PD6000099114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

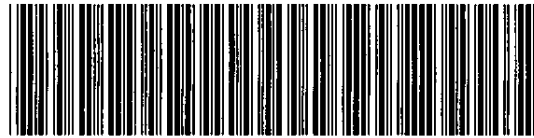
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOHNVAL DRY CLEANERS, INC
(Name of Corporation)

DOCUMENT NUMBER: P06000099114

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:

MARIA LILIANA ECHEVERRY
(Name of Person)

JOHNVAL DRY CLEANERS INC
(Name of Firm/Company)

12829 SW 42 ST
(Address)

MIAMI FL 33175
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA LLIANA ECHEVERRY at (305) 554-5705
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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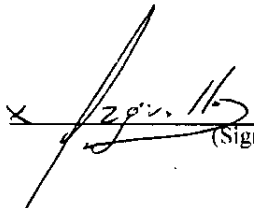
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JOHN ARMANDO ARGUELLES, hereby resign as PD
(Title)

of JOHNVAL DRY CLEANERS INC
(Name of Corporation)

P06000099114, 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