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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #) ·
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Amendment Section Division of Corporations

TO:

Tally T'C Tal
SUBJECT: JOLLY J'S INC (Name of Corporation)
DOCUMENT NUMBER: PO 6.000 1/9098
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jereny Lapaglia (Name of Person)
JOILY J'S In C (Name of Firm/Company)
3765 N Caramgola cm (Address)
Coco not creek, FC 33066 (City/State and Zip Code)
For further information concerning this matter, please call:
TASON La Paglia at (954) 254-5572 (Namle of Person) at (954) 254-5572 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E044(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	Susan	Lapagli	9	, hereby res	ign as	Director	
		1 0				(Title)	
of	July						_
	,	(Nar	ne of Corpor	ration)			
PO	6000 11		, a cor	poration organi	zed under	the laws of the State of	
	(Document Number	er, 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