P06000142849

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number))
Certified Copies	Certificate	s of Status
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CA Resign C.COULLIETTE

DEC 1 7 2010

EXAMINER

COVER LETTER

	(Name of Person) (Area Code & Daytime Telephone Number)
Mary	E. Fink at (800) 483-1140
For fu	rther information concerning this matter, please call:
	(City/State and Zip Code)
Dove	er, DE 19901
	(Address)
615	S. Dupont Hwy.
	(Name of Firm/Company)
Natio	onal Corporate Research, LTD., Inc.
	(Name of Person)
Mary	E. Fink
Please	return all correspondence concerning this matter to the following:
The er	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
DOC	UMENT NUMBER: P06000142849
	(Name of Corporation)
SUBJ	ECT: BRJ CORP.
	Division of Corporations

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, National Corporate Research, LTD., Inc.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for BRJ CORP.	
(Name of Corporation)	
P060001 43 849	
(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)	·
(Signature of Resigning Agent) If signing on behalf of an entity:	
Wayne Rafanelli ₹	Ċ.
(Typed or Printed Name)	
Vire - President, National Corporate Resourch, MD., Inc.	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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