

PO6000146567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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06/04/09--01047--014 \*\*35.00

*Resignation  
of officer*

**FILED**  
2009 JUN -4 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Bob  
6/8/09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CJS RENTS, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P06000146567

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SARDINIA, SUZANNE M

(Name of Person)

CJS RENTS, INC

(Name of Firm/Company)

5505 SILKWOOD LANE

(Address)

ORANGE PARK, FL 32003

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS SARDINIA

(Name of Person)

at ( 904 ) 215-7362

(Area Code & Daytime Telephone Number)

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

**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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

**2009 JUN -4 PM 4:39**

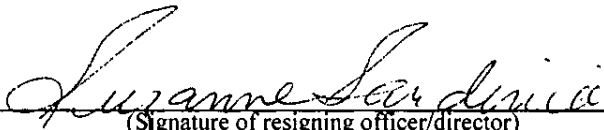
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

I, SUZANNE M SARDINIA, hereby resign as PRESIDENT  
(Title)

of CJS RENTS, INC.  
(Name of Corporation)

P06000146567, 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