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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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ECRETARY OF STATE ISION OF CORPORATIONS

T, Roberts MAR 1/3, 2009)

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Band M Enterprises of Jacksonville, Inc. (Name of Corporation)
DOCUMENT NUMBER: P 07006 100 937
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
15athryn R Barnes
Band M Enterprises of Jacksonville, In (Name of Firm/Company)
2220 County road 200 Suite 108 PMB421 (Address)
ST Johns, Fl. 32259 (City/State and Zip Code)
For further information concerning this matter, please call:
Kathryn R Barnes at (904) 537 - 5406 (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

SECRETARY OF STATE DIVISION OF CORPORATIONS

09 MAR 12 PM 12: 44

1, <u>Kathryn r Barn</u>	es hereby resign as Officer Resident	
of B and M	Enterprises of Jacksonwille, Inc.	
(Document Number, if known), a corporation organized under the laws of the State of		
Tlorida	∸	

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