## PD7000114431

	equestor's Name)	,	_
(Ac	dress)		_
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(Cit	ty/State/Zip/Phon	ne #)	-
PiCK-UP	WAIT	MAIL	
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(Do	ocument Number	)	_
Certified Copies	_ Certificate	s of Status	-
Special Instructions to	Filing Officer:		
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MAY 0 7, 2012 T. ROBERTS

## **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJE	ECT: JEDA HOLDINGS, INC	
	(Name of Corpor	ation)
DOCU	MENT NUMBER: P07000114431	distribution
The end	closed Resignation of Registered Agent for a Corpo	oration and fee are submitted for filing.
Please	return all correspondence concerning this matter to	the following:
VIVIA	AN WILLIAMS	
	(Name of Person)	<del>_</del>
COR	PORATE PROCESS SERVICES INC	
	(Name of Firm/Company)	_
2300	CORAL WAY	
	(Address)	<del></del>
MIAN	11, FLORIDA 33145	
	(City/State and Zip Code)	<del>_</del>
For furt	ther information concerning this matter, please call	:
VIVIA	N WILLIAMS at ( 305	856-0056
	(Name of Person) (Area Co	de & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

## 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, CORPORATE PROCESS SERVICES INC
(Name of Registered Agent)
hereby resigns as Registered Agent for, JEDA HOLDINGS, INC,
(Name of Corporation)
P07000114431
(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)
If signing on behalf of an entity:
VIVIAN WILLIAMS
(Typed or Printed Name)
PRESIDENT
(Capacity)

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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