Division of Corporations Public Access System

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(((H090000512193)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052

: (302)531-0855

Phone

Fax Number

: (850)656-7953

REGISTERED AGENT RESIGNATION

ELJAY ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section
	Division of Corporations
SUBJI	ECT:_ELJAY ASSOCIATES, INC.
	(Name of Corporation)
DOCU	MENT NUMBER: P08000005494
The en	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
TUN	ISHA SCOTT
	(Name of Person)
INCO	DRPORATING SERVICES, LTD.
	(Name of Firm/Company)
3500	S. DUPONT HWY.
	(Address)
DOV	E, DE 19901
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
TUNK	SHA SCOTT at (302) 531-0855
•	(Name of Person) (Area Code & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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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,	INCORPORATING SERVICES LTD.	
<u> </u>	(Name of Registered Agent)	
hereby resigns as Registered Agent	for ELJAY ASSOCIATES, INC.	
,gg	(Name of Corporation)	
P08000005494		
(Document Number, if known)		
A copy of this resignation was mail	led to the above listed corporation at its last known address.	
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day after the date on which (Signature of Resigning Agent)	
If signing on behalf of an entity:		09 MAR 26
CANDICE B.	SWETLAND	IAR 2
	(Typed or Printed Name)	9
		2
ASSISTANT S	SECRETARY	PH 3: 04
	(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