

P09000010031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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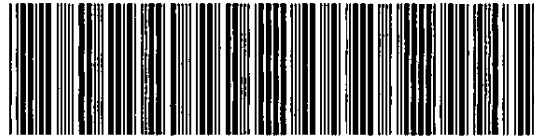
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

002 Res 7/14/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JJB Med
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Paul B. Thurston
(Name of Person)

JJB MED
(Name of Firm/Company)

6661 NE 195th Street #301
(Address)

North Miami Bch / Fl. 33179
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul B. Thurston at (407) 782-7167
(Name of Person) (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**

I, PAUL BRIAN THURSTON, hereby resign as Secretary Treasurer
(Title)

of JJB MED, INC
(Name of Corporation)

_____, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Paul B. Thurston
(Signature of resigning officer/director)

2009 JUL 13 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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