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(R	equestor's Name))
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(C	ity/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEF FLOSIE.

4/9 bos

COVER LETTER

Division of Corporations
SUBJECT: JEVB JW. (Name of Corporation)
DOCUMENT NUMBER: 190900010922
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
COVARD BATTAY (Name of Person)
JEUB, Inc.
100 PARADISE HARBOR BIVD 412
W. Palm Beach 133408 (City/State and Zip Tode)
For further information concerning this matter, please call:
(Name of Person) at (SU) 848-6/55 (Area Code & Daytime Telephone Number)
(Mea Code & Daytine 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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

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I, MOVINITY	TALLAHASSEE, FLORIU TALLAHASSEE, FLORIU TALLAHASSEE, FLORIU Title)
of TEVB	of Corporation)
P09000010822 (Document Number, if known) F10010A	_, a corporation organized under the laws of the State of
(S	ignature 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