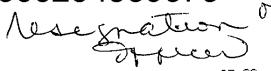
P09000064882

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(City) Color 1, Marie 11,							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

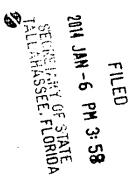
Office Use Only



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01/06/14--01010--019 **35.00



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JJGAS & B-RILL Ne (Name of Corporation)
DOCUMENT NUMBER: PO900064882
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JI GISHA J PATEL (Name of Person)
(Name of Firm/Company)
12507 GROWN POINTE CIRCLE (Address)
CLERMONT, 6-L 34711 (City/State and Zip Code)
For further information concerning this matter, please call:
JIGISHA PATEL at (35L) 874-5741 (Name of Person) at (35L) 874-5741 (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 2661 Executive Center Circle Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2014 JAN -6 PM 3: 58

I,	JIGNISHA	A PA	Ti-l	, hereby resign as	MULA	LIARY OF STATE
. —		·			•	(Title) /
of	JJ GAR	& GR	,,,,	10e		
		(Name of 0	Corporatio	on)		
	(Document Number, if kno	own)	a corpor	ation organized ur	ider the law	s of the State of
	FLORIDA	·				
		J (Sign	Melte nature of	ek resigning officer/direc	ctor)	

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