

P100000070631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

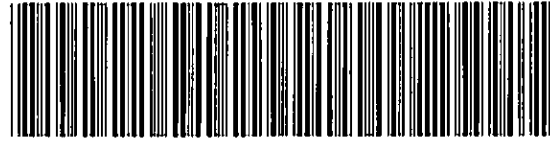
(Business Entity Name)

(Document Number)

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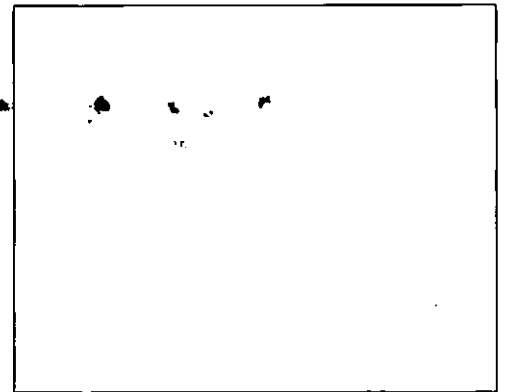
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FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)364-8000



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WALK-IN

ENTITY NAME:

JADE OCEAN 3808 CORP

CH# 7813 FOR \$87.50

2817 NOV 29 PM 4:51

PLEASE FILE THE ATTACHED REGISTERED AGENT RESIGNATION & RETURN
THE FOLLOWING:

- ☐ CERTIFIED COPY
- ☒ STAMPED COPY
- ☐ CERTIFICATE OF STATUS

Examiner's Initials

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2017 NOV 29 PM 4:51

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, ATRIUM REGISTERED AGENTS, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for JADE OCEAN 3808 CORP.

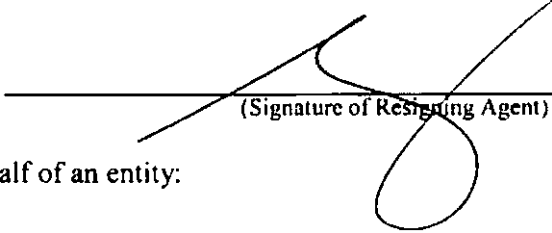
(Name of Corporation)

P10000070631

(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:

SHAWN P. WOLF

(Typed or Printed Name)

Vice 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withdrawn corporation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