Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500

: (702)866-2689 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please.

REGISTERED AGENT RESIGNATION TMDDJ CORP.

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T. CARTER 12/18/2014

COVER LETTER

SUBJECT: IMDUJ CORP.	(Name of Corporation)
DOCUMENT NUMBER:	P10000080231
The enclosed Resignation of R	egistered Agent for a Corporation and fee are submitted for filin
Please return all correspondence	ee concerning this matter to the following:
Wendy	Hefley
(Name of	FPcrson)
incorp Sen	rices, Inc.
(Name of Fir	m/Company)
2360 Corporate (Circle, Suite 400
(Add	ress)
Henderson,	NV 89074
(City/State ar	nd Zip Code)
For further information concern	ning this matter, please call;
Wendy Hefley for Incorp S	
(Name of Person	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Malling Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

11111



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, Incomp Services, Inc.	
(14time to Reference Aftern)	_
hereby resigns as Registered Agent for TMDDJ CORP. (Name of Corporation)	
(Name of Corporation)	_
P10000080231	
(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. InCorp Services, Jac.	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
· · · · · · · · · · · · · · · · · · ·	
Wendy Hefley	
(Typed or Printed Name)	
Authorized Representative	
(Capacity)	
Wendy Hefley (Typed or Printed Name) Authorized Representative	

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
Tallohassee, FL 32314