

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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R. WHILE

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Jasan Goldberg Inc. (Name of Corporation)
DOCUMENT NUMBER: P11000026901
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
Jason Goldberg Inc. (Name of Firm/Company)
900 Gait Terr. (Address)
De Itana Fc. 32738 (City/State and Zip Code)
For further information concerning this matter, please call:
Jason Goldberg at (386) 804-1313 (Name of Person) at (386) Soy-1313 (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	kelly Schmen , hereby resign as Secretary (Title)		_
of	Jason Goldberg Inc. (Name of Corporation)		•
<u>\$</u>	(Name of Corporation) (Document Number, if known) , a corporation organized under the laws of the State of		
	Florida.		
	Kel Sa		
	(Signatula of resigning officer director)	16 OCT 17	e energy (2 s to reaches) g effect associated
	FILING FEE IS \$35.00	P:	-

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314