## P/2000018271

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Decument Number)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
Office Use Only	



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12/19/14--01020--002 \*\*35.00

FILING CANCELLED -RETURNED CHECK

A-Resign.
1230-15

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	JECT: DJ Mobile Inc
DOC	(Name of Corporation) SUMENT NUMBER: p12000018271
The e	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for fil
Pleas	e return all correspondence concerning this matter to the following:
Da	niel Poncyliusz
	(Name of Person)
	(Name of Firm/Company)
23	7 ovington ave d43
	(Address)
bro	ooklyn ny 11209
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
daı	niel poncyliusz (Name of Person)  (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327

Tallahassee, FL 32314

## FILING CANCELLED RETURNED CHECK

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

rursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, 61617.1309,	
Florida Statutes, the undersigned, Daniel Poncliusz	
(Name of Registered Agent)	
hereby resigns as Registered Agent for DJ Mobile inc.  (Name of Corporation)	
(Name of Corporation)	
p12000018271	
(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 Frent)	
If signing on behalf of an entity:	
Daniel Poncyliusz	
(Typed or Printed Name)	
	2 -
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(Capacity)	- i
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	Į.
\$87.50 - Active Corporation	
\$35.00 - Administratively dissolved/voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation