

P13000070738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

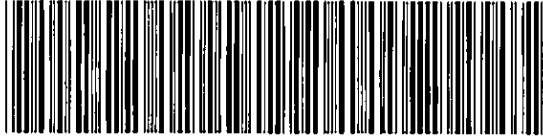
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL
2018 NOV 15 AM 10:18

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C. GOLDEN
NOV 16 2018

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JUST CONCH PEARLS, INC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BN

11-15

PM

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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2018 NOV 15 AM 10:18

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

SECRETARY OF STATE TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509 or 617.1509, Florida Statutes, the undersigned, Your CAPITAL CONNECTION, INC. (Name of Registered Agent) hereby resigns as Registered Agent for JUST CONCH Pearlone, (Name of Corporation) P13000070738 (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.

Barbara Meles (Signature of Resigning Agent)

If signing on behalf of an entity:

Your CAPITAL CONNECTION, INC. (Typed or Printed Name)

CLIENT REPRESENTATIVE/P (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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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