P14000008136

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | (**) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |





300281520873

02/02/18--01016--015 **87.50

16 FEB -2 AH 8: 54

FEB - 5 2016

C LEWIS

COVER LETTER

| TO: | Amendment Section |
|-----|--------------------------|
| | Division of Corporations |

SUBJECT: JR GLOBAL USA INC

(Name of Corporation)

DOCUMENT NUMBER: P14000008136

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELSA VELASQUEZ

(Name of Person)

(Name of Firm/Company)

4594 NW 79 AVENUE # 2-D

(Address)

MIAMI, FLORIDA 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

ELSA VELAZQUEZ

(Name of Person)

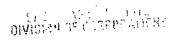
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address: **Amendment Section Division of Corporations** Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

Tallahassee, FL 32314



RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

16 FEB -2 AM 8: 54

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1 | 509, |
|---|------------|
| Florida Statutes, the undersigned, ELSA VELAZQUEZ | |
| (Name of Registered Agent) | |
| hereby resigns as Registered Agent for JR GLOBAL USA INC | |
| (Name of Corporation) | |
| P1400008136 | |
| (Document Number, if known) | |
| A copy of this resignation was mailed to the above listed corporation at its last know | n address. |
| The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed. | n which |
| (Signature of Resigning Agent) | L |
| If signing on behalf of an entity: | |
| (Typed or Printed Name) | |
| (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