P15000089511

(Req	uestor's Name)	
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(City	/State/Zip/Phon	e #)
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SECRETARY OF STATIONS STATIONS

Ra Rosignation

JAN 4 2018 D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JACK PAGE, PA	
(Name of Corporation) DOCUMENT NUMBER: P15000089511	
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for f	filing.
Please return all correspondence concerning this matter to the following:	
ROBIN MOLT	
(Name of Person)	<u> </u>
CORPORATION SERVICE COMPANY	8
(Name of Firm/Company)	JAN OF THE PROPERTY OF THE PRO
80 STATE STREET	PA CA
(Address)	PR 78 0 5
ALBANY NY 12207	OF STATION METERS OF STATION M
(City/State and Zip Code)	SNC SNC
For further information concerning this matter, please call:	
ROBIN MOLT (Name of Person) at (518) 433-7018 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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. CORPORATION SERVICE COMPANY	
(Name of Registered Agent)	
hereby resigns as Registered Agent for JACK PAGE, PA	
(Name of Corporation)	
P15000089511	
(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.	
Robin Wet (Signature of Resigning Agent)	<u> </u>
If signing on behalf of an entity:	SÉLA HARS
ROBIN MOLI	STATE OF THE STATE
(Typed or Printed Name)	300
	5.4
ASST SECRETARY မှု	A
(Capacity)	ONS E

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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