

P16 000031729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700333910317

09/06/19--01002--012 **190.00

RECEIVED
2019 SEP -5 PM 4:45
TALLAHASSEE, FL
FILED
2019 SEP -5 AM 9:26
TALLAHASSEE, FL

SEP 09 2019

C Kinsey

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED RESIGNATION OF REGISTERED AGENT FOR:

JLMJEO CORP.

PLEASE RETURN A STAMPED COPY

CK# 8344 FOR: \$190.00 (\$35.00 for this filing)

THANK YOU!

**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, ATRIUM REGISTERED AGENTS, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for JLMJEO CORP.

(Name of Corporation)

P16000031729

(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 Agent)

If signing on behalf of an entity:

RALPH A. NARDI

(Typed or Printed Name)

VICE PRESIDENT, DIRECTOR

(Capacity)

SECRET
TALLAHASSEE, FL

2019 SEP -5 AM 9:26

FILED

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withdrawn corporation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**