## P18 000021550

(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



200332706102

08/14/19--01011---004 \*\*35.00

19 AUG IL AM 8: LI.

AUG 20 CM

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: jlerix, Inc.  (Name of Corporation)		
DOCUMENT NUMBER: P18000021550		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Debra A. Martin		
(Name of Person)		
jlerix, Inc.		
(Name of Firm/Company)		
140 SE 29th Street		
(Address)		
Fort Lauderdale, Florida 33316		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Debra A. Martin  (Name of Person)  (Name of Person)  at (954) 275-9589  (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.00 made payable to the Florida Department of State.		
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301		

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı.</sub> Debra A. Martin	hereby resign as President, Director
of jlerix, Inc.	(Title)
P18000021550 (Document Number, if known)	corporation organized under the laws of the State of
Florida	
——————————————————————————————————————	ture of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314