

P19000 027 832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

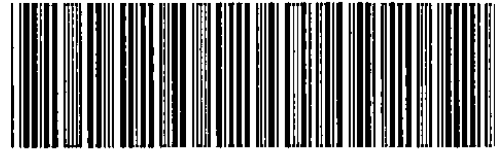
(Business Entity Name)

(Document Number)

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OCT 08 2019

S. YOUNG

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JI7 INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P19000027832

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

APRIL PEACH CONDRON  
(Name of Person)

CAPE COD MGMT SVC INC  
(Name of Firm/Company)

314 NE 27TH ST  
(Address)

WILTON MANORS FL 33334-2020  
(City/State and Zip Code)

For further information concerning this matter, please call:

APRIL CONDRON at ( 954 ) 630-8300  
(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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

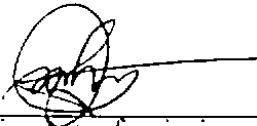
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Maksudul Alam, hereby resign as Vice-President  
(Title)

of JI7 INC  
(Name of Corporation)

P19000027832, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA



(Signature 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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA