

P19000042669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

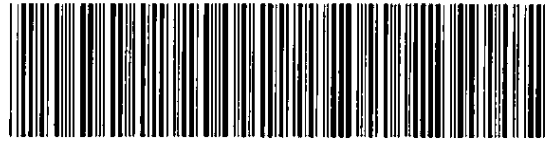
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Voluntary Dissolution

Office Use Only



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09/13/23--01011--007 **35.00

SEP 13 2023
TALLAHASSEE, FL
STATE

2023 SEP 13 AM 6:48

FILED

AB

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JPKGD, INC.

(Name of Corporation)

DOCUMENT NUMBER: P19000042669

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:

RACHEL SCHOTT

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

PO BOX 160568

(Address)

SACRAMENTO CA 95833

(City/State and Zip Code)

For further information concerning this matter, please call:

RACHEL SCHOTT

(Name of Person)

at (800) 533.7272

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, PARACORP INCORPORATED

(Name of Registered Agent)

hereby resigns as Registered Agent for JPKGD, INC.

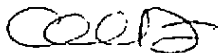
(Name of Corporation)

P19000042669

(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:

ABIGALE PETERSON

(Typed or Printed Name)

ASST. SECRETARY FOR PARACORP INCORPORATED

(Capacity)

STATE
TALLAHASSEE, FL

2023 SEP 13 AM 6:48

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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2023

RACHEL SCHOTT
PO BOX 160568
SACRAMENTO, CA 95833

SUBJECT: JPKGD, INC.
Ref. Number: P19000042669

We have received your document for JPKGD, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity is currently voluntary dissolved at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 623A00023173