P20 0000 10882

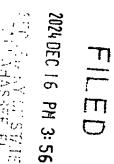
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section		
Division of Corporations		
ALJUWON HARRIS, INC. SUBJECT:		
	(Name of Corpor	ation)
DOCUMENT NUMBER: P20000001088.	2	
The enclosed Resignation of Registere	ed Agent for a Corpo	oration and fee are submitted for filing.
Please return all correspondence conce	erning this matter to	the following:
ALJUWON A HARRIS		
(Name of Person))	
ALJUWON HARRIS, INC.		
(Name of Firm/Comp	pany)	
17356 93RD N RD		
(Address)		_
LOXAHATCHEE, FL 33470-2695		
(City/State and Zip C	ode)	_
For further information concerning this	s matter, please call	;
JOHN C. SMITH	561 at (654-5517
(Name of Person)	(Area Co	de & 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of State for \$87,50 for an active corporation or \$35,00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of section	ons 607,0503(2), 617,0502(2), 607,1509	, or 617.1509,
Florida Statutes, the undersigned,	JOHN C. SMITH	
	(Name of Registered Age	nt)
hereby resigns as Registered Agen	ALJUWON HARRIS, INC.	
hereby resigns as Registered Agen		
P20000010882		
(Document Number, if known)		
A copy of this resignation was ma	iled to the above listed corporation at its	last known address.
The agency is terminated and the of this statement is filed.	office discontinued on the 31st day after	the date on which
	(Signature of Resigning Agent)	
If signing on behalf of an entity:		
		202
	(Typed or Printed Name)	2024 DEC 16
		or [™]
	(Capacity)	

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned, JOHN C. SMITH	
(Name of Registered Agent)	
hereby resigns as Registered Agent for	
(Name of Corporation)	
P20000010882	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known address	288.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	h
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
(Capacity)	

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