

P20 0000 10882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

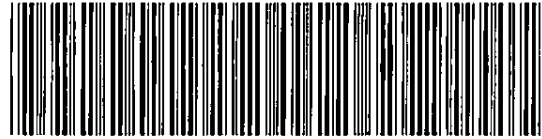
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

100

SUBJECT: ALJUWON HARRIS, INC.

DOCUMENT NUMBER: P20000010882

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

JOHN C. SMITH

(Name of Person)

at ( ) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**Mailing Address:**

**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 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 ALJUWON HARRIS, INC.  
(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.

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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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**2024 DEC 16 PM 3:56**  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

**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withdrawn corporation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

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Florida Statutes, the undersigned, JOHN C. SMITH

(Name of Registered Agent)

hereby resigns as Registered Agent for ALJUWON HARRIS, INC.

(Name of Corporation)

P20000010882

(Document Number, if known)

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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:

(Typed or Printed Name)

(Capacity)

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