(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
L		

Office Use Only



800181524568

06/14/10--01008--010 **35.00

COVER LETTER

	TO: Amendment Section Division of Corporations
	SUBJECT: Jay-Bry, Trac. (Name of Corporation) DOCUMENT NUMBER: P9400065335
	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
	Please return all correspondence concerning this matter to the following:
	Charles Coker (Name of Person)
	Jay Bry Inc. (Name of Firm/Company)
	690 E. Rhode Island Ave. (Address)
	Ovange Cty Fl 33763 (City/State and Zip Code)
	For further information concerning this matter, please call:
	Charles Coker at (386) 804-9470 (Name of Person) (Area Code & Daytime Telephone Number)
	Enclosed is a check for \$35.00 made payable to the Florida Department of State.
<i>-</i> ٠٠	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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

r.

	, hereby resign as Vice President (Title)
Jay-Bry I	of Corporation)
9400065325 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	·
	1 5 M
	Signature of resigning officer/director)

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

FILING FEE IS \$35.00

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