## P97000004314

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		-

Office Use Only



200187276752

11/05/10--01014--004 \*\*35.00



Parkesign. 11-9-10 De

## COVER LETTER

Division of Corporations

SUBJECT: Junity Italhier & Cofy Center, he (Name of Corporation)

DOCUMENT NUMBER: P9700004314

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:

Clivity Italhies & Cofy Ct. he (Name of Firm/Company)

Livity Italhies & Cofy Ct. he (Address)

De ala J. 3 4472

(City/State and Zi;, Code)

For further information concerning this matter, please call:

Chieda T Sinclair at (352) 687-4907
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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:

TO:

Amendment Section

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

rursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, 617.1309,
Florida Statutes, the undersigned, Elmeda Jellar-Sinclair (Name of Registered Agent)
nereby resigns as Registered Agent for Junity Stathics & Copy Center, Inc.
(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 his statement is filed.
Chieda Taller Sinclair (Signature of Resigning Agent)
(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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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