# P97000074640

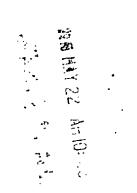
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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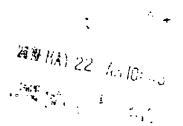
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#### **COVER LETTER**



**TO:** Amendment Section Division of Corporations

SUBJECT: JATIB, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P97000074640

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:

## Corinne P. McClure, Senior Paralegal

(Name of Person)

#### McGuireWoods LLP

(Name of Firm/Company)

#### 50 North Laura Street, Suite 3300

(Address)

### Jacksonville, FL 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

Corinne McClure

798-3294

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

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

# 

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,                               |
|---|
| Florida Statutes, the undersigned, RAX Co.  |
| (Name of Registered Agent)  |
| hereby resigns as Registered Agent for JATIB, Inc.  |
| (Name of Corporation)   |
| P97000074640  |
| (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)   |
| (Signature of Resigning Agent)  |
| If signing on behalf of an entity:  |
| Lisa O. Taylor  |
| (Typed or Printed Name)   |
| President   |
| (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