79700084014

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	· · · · · · · · · · · · · · · · · · ·
,	,	,
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE SECRETARY OF STATE TAIL LAHASSEE, FLORIDA

2008 JUN 18 AM 8: 1

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COVER LETTER

	Amendment Section Division of Corporations
SUBJE	CCT: Johnny Johnson, Inc.
	(Name of Corporation)
DOCU	MENT NUMBER: P97000084014
The end	closed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please 1	return all correspondence concerning this matter to the following:
Kathle	een H. Cold
	(Name of Person)
Holbre	ook, Akel, Cold, Stiefel & Ray, P.A.
	(Name of Firm/Company)
One I	ndependent Drive, Suite 2301
	(Address)
Jacks	onville, FL 32202
	(City/State and Zip Code)
For furt	her information concerning this matter, please call:
Kathle	en Holbrook Cold at (904) 356-6311
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Kar	thleen H. Cold
Tromas Statutes, the dilucisigned,	(Name of Registered Agent)
hereby resigns as Registered Agent for	Johnny Johnson, Inc.
	(Name of Corporation)
P97000084014	
(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 this statement is filed.	discontinued on the 31st day after the date on which
Kayalin	A Coel
If signing on behalf of an entity:	SECRETARY LLAHASSE
	Typed or Printed Name)
	8: 11 ORIDA
	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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