## P190000074/9

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JWB Products Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P9900007419</u>
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:
Lois A. Boulicault (Name of Person)
(Name of Firm/Company)
. 1727 Royal Oak Dr. (Address)
· Winter Springs F1 32708 (City/State and Zip Code)
For further information concerning this matter, please call:
Lois Doulicault at 407, 366 8640 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E046(11/02)

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, LOIS A BOULICAU H (Name of Registered Agent)
hereby resigns as Registered Agent for TWB PRODUCTS, INC. (Name of Corporation)
P9900007419
(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.
JAB mille
(Signature of Resigning Agent)
If signing on behalf of an entity:
ASE OF AU
(Typed or Printed Name)
(Capacity)
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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(\$35.00) Administratively dissolved/voluntarily dissolved/ withdrawn corporation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