P99000054896

Requester's Name

Sheridan City/s OSOL Bruiden Way

FILED

00 MAY -5 PM 4: 04

LATERAL SEEL FLORIDA

Schafer, Mitchell & Sheridan, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

9-21-00

d-29-11

Dougs

As we discussed This afternoon, I believe the Attacheo resignation of registered agent was properly signisor by My wife, Debra Joseph.

If you have any questions or need any additional information to remove her as the resistered agent, please call most at 407-839-3330.

Think you for your help.

STOUS SHOULDAN

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- Certified Copy
- ☐ Certificate of Status

., Officer/Director red Agent rawal

JALIFICATION

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 18, 2000

DEBBIE SHERIDAN 8501 BOWDEN WAY WINDERMERE, FL 34786

SUBJECT: JC MADYSON, INC. Ref. Number: P99000054896

We have received your document for JC MADYSON, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spitler Document Specialist

Letter Number: 100A00028175

00 SEP -8 AM 9: 43
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 8, 2000

DEBBIE SHERIDAN 8501 BOWDEN WAY WINDERMERE, FL 34786

SUBJECT: JC MADYSON, INC. Ref. Number: P99000054896

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If you have any questions concerning the filing of your document, please call (850) 487-6957.

Letter Number: 800A00047714

Doug Spitler Document Specialist

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RESIGNATION OF REGISTERED AGENTO MAY -5 PM 4:04

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TARECHHASSEE, FEORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, <u>Debra M. Sheridan</u>
(Name of registered agent)
hereby resigns as Registered Agent for
(Name of corporation)
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)
If signing on behalf of an entity:
a signing on bonan of an onary.
(Typed or Printed Name)
(1) ped of transa frame)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314