

PO1000000000000006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

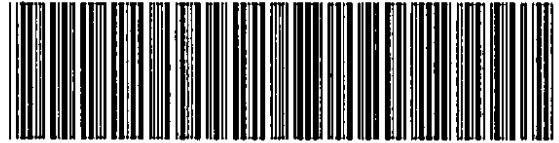
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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old Resignation

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D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: G & D screens Inc  
(Name of Corporation)

DOCUMENT NUMBER: P0100000000006

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Delia Velez  
(Name of Person)

G & D screens Inc  
(Name of Firm/Company)

5084 1st rd  
(Address)

lake Worth, FL 33467  
(City/State and Zip Code)

For further information concerning this matter, please call:

Delia Velez at (561) 329-4940  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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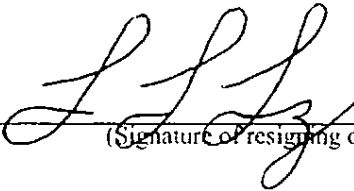
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Isabel Rodriguez, hereby resign as Secretary  
(Title)

of G&D Screens Inc  
(Name of Corporation)

P01000000006, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2022 MAR 14 PM 4:23

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000000006

Entity Name: G&D SCREENS INC.

**Current Principal Place of Business:**

5084 1ST ROAD  
LAKE WORTH, FL 33467

**Current Mailing Address:**

5084 1ST ROAD  
LAKE WORTH, FL 33467

FEI Number: 65-1063212

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

VELEZ, GUILLERMO  
5084 1ST ROAD  
LAKE WORTH, FL 33467 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

7/30/22  
Date

**Officer/Director Detail :**

Title DP  
Name VELEZ, GUILLERMO  
Address 5084 1ST ROAD  
City-State-Zip: LAKE WORTH FL 33467

Title VPS  
Name VELEZ, DELIA  
Address 5084 1ST ROAD  
City-State-Zip: LAKE WORTH FL 33467

Title T  
Name VILLARREAL, LEONEL  
Address 5084 1ST ROAD  
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY  
Name RODRIGUEZ, ISABEL  
Address 5944 S RUE RD  
City-State-Zip: WEST PALM BCH FL 33415

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: DELIA VELEZ

VSP

03/08/2022

Electronic Signature of Signing Officer/Director Detail

Date