

P01000084219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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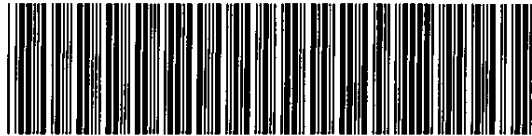
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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228

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOSE Martinez, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO1000084219

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

Please return all correspondence concerning this matter to the following:

LUZ M. Cabrera
(Name of Person)

JOSE Martinez, Inc
(Name of Firm/Company)

24 E 5th St.
(Address)

Hialeah, FLA 33010
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE A. Martinez at (305) 887 4417
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

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TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUZ M. CABRERA, hereby resign as V/T/D
(Title)

of JOSE MARTINEZ, INC.
(Name of Corporation)

P01000084219, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA

x [Signature]
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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