

PD20000048505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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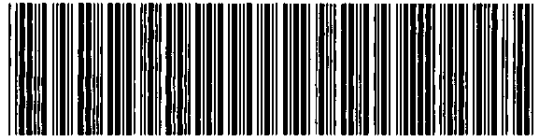
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JARAMILLO & FREEMAN, P.A.

(Name of Corporation)

**DOCUMENT NUMBER:** P02000048505

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

Please return all correspondence concerning this matter to the following:

JERRY JARAMILLO

(Name of Person)

JERRY JARAMILLO, ESQUIRE, P.A.

(Name of Firm/Company)

2100 W. DR. MLK BLVD.

(Address)

TAMPA, FLORIDA 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

JERRY JARAMILLO

(Name of Person)

at ( 813 ) 871-3074

(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

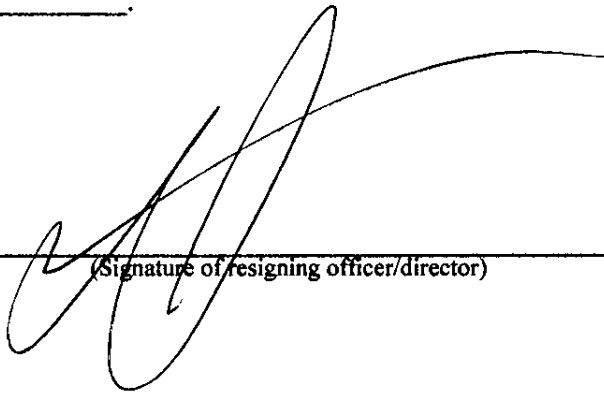
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JERRY JARAMILLO, hereby resign as VPD  
(Title)

of JARAMILLO & FREEMAN, P.A.  
(Name of Corporation)

P02000048505, 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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR -6 AM 8:18**