(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Office Use Only		
All Dala		
D-X WHA.		



500028278355

02/06/04--01058--012 \*\*35.00

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pesignation: Sising Maintenance Inc. (Name of Corporation)
DOCUMENT NUMBER: PO 3000 (329)7
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amparo Croz (Name of Person)
Jusino Maintenance, Inc (Name of Firm/Company)
3278 Partridge Street
Deltona FL 32734 (City/State and Zip Code)
For further information concerning this matter, please call:
Augel L. Jusino at (386) 212 887 (Area Code & Daytime Telephone Number)

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Aupano Cruz, hereby r	resign as Ire A. (Title)
of Jysino Maintena (Name of Corporation)	nce, INC.
P03000 132 8/7 a corporation orga (Document Number, if known)	anized under the laws of the State of
flonda	s e e e e e e e e e e e e e e e e e e e
(Signature of resigning of	OU FEB -6 AM II: 3  PLUMETAKY OF STAIL ALLAHASSEE, FLORI

## 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