POY000 1046/3

(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



400260883814

06/11/14--01010--016 **35.00

INA JUN 11 P 1: 43
SECRETARY OF STATE
ATTACKS.

JUN 2.4 2015
T. LEMISJUX

TRANSMITTAL LETTER

	(Name of Corporation)
DOCUMENT NUMBER: P0400010	4613
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
Robin Kent	
(Name of Person)	1 1/4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of Firm/Company	7)
14635 Greater Pines E	Blvd
(Address)	
Clermont, FL 34711	
(City/State and Zip Code	
For further information concerning this m	atter, please call:
Rob Kent	at (407) 256-2260 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)

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

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Robin Kent	, hereby resign as VP	
· · · · · · · · · · · · · · · · · · ·	, nercoy resign as	(Title)
R & J Total Maintenar	nce Corp	······································
(Name of Co	orporation) corporation organized under the	e laws of the State of
Florida		
(Signate	dre of resigning officer/director)	2014 JUN 11 P 1: SELRETARY OF STATE TALLAHASSEE, FLORE

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

FILING FEE IS \$35.00

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