P0400056051		
(Requestor's Name) (Address) (Address)	500128518905	
(City/State/Zip/Phone #)	April P	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	05/08/0801021029 ***35.00	
Special Instructions to Filing Officer:		
Office Use Only	N N	
	57256/150N	

## COVER LETTER

**TO:** Amendment Section Division of Corporations

2

SUBJECT: Jose Ledesma Inc.

(Name of Corporation)

## DOCUMENT NUMBER: P04000156051

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

Please return all correspondence concerning this matter to the following:

**Gladys Melendez** 

(Name of Person)

R G M Accounting Services

(Name of Firm/Company)

622 North State Road 7

(Address)

Hollywood, Florida 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

Gladys at (<u>954</u>) 962-8699 (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



CR2E044(08/05)

## **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION

I Maria Carmen Lopez	, hereby resign as	Director/Treasury and Secret
•)	,,,,	(Title)
of Jose Ledesma Inc		
(Name of C	Corporation)	
P04000156051 (Document Number, if known)	a corporation organized ur	nder the laws of the State of
Florida		BECHEVE
Maria	C. Lape ature of resigning officer/direc	RY OF SIME

## **FILING FEE IS \$35.00**

(Signature of resigning officer/director)

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

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