P04000171841

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE. FLORID



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TEJEDA INVESTMENTS, INC (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: PO4000171841
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
GRACE TEJEDA
(Name of Person)
TEJEDA INVESTMENTS, INC
TEJEDA INVESTMENTS, INC (Name of Firm/Company)
6206 NW 194 STREET
6206 NW 194 STREET (Address)
MIAMI, FL. 33015
MIAMI, FL. 33015 (City/State and Zip Code)
For further information concerning this matter, please call:
GRACE TEJEDA at (786) 252-1020 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
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 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

	A CALL
GRACE TEJEDA	hereby resign as PRESIDENT (Title)
7	(Title) R
of TEJEDA INVESTMENTS, INC.	
(Name of Corp	oration)
PO4000171841 (Document Number, if known)	rporation organized under the laws of the State of
FLORIDA	an in the state of
(Signatur	Tejeda e 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