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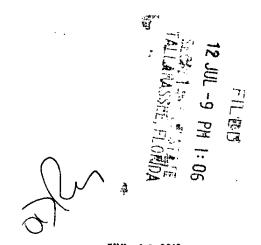
(Re	equestor's Name)	
(Address)		
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Jose L. Arredondo, Inc.
(Name of Corporation)
DOCUMENT NUMBER: PO6000073627
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for fili
Please return all correspondence concerning this matter to the following:
Jose L Arredondo
(Name of Person)
Jose L Arredondo, Inc.
(Name of Firm/Company)
101 Brandon avenue
(Address)
Pensacola, Florida 32507
(City/State and Zip Code)
For further information concerning this matter, please call:
Jose L. Arredondo
(Name of Person) at (** 850) 791-397] (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

Lisa C Arredondo	, hereby resign as Secretary/ Treasurer
7	(Title)
of_ Jose L. Arredondo, Inc.	,
(Name of Corp.	oration)
PO6000073627 , a co	rporation organized under the laws of the State of
Florida	7
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	Irredordo : : : : : : : : : : : : : : : : : : :

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