

PO6000105490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

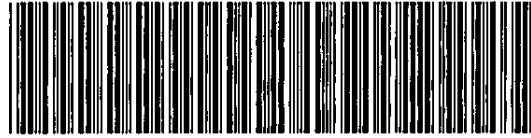
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J C P DISTRIBUIDOR, INC,
(Name of Corporation)

DOCUMENT NUMBER: P06000105490

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

Please return all correspondence concerning this matter to the following:

WILLIAM CAMACHO

(Name of Person)

J C P DISTRIBUIDOR, INC.

(Name of Firm/Company)

931 PONDELLA RD SUITE 7

(Address)

NORTH FORTH MYERS, FL. 33903

(City/State and Zip Code)

For further information concerning this matter, please call:

YADIRA BERMUDEZ

(Name of Person)

at (239) 995-5009

(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

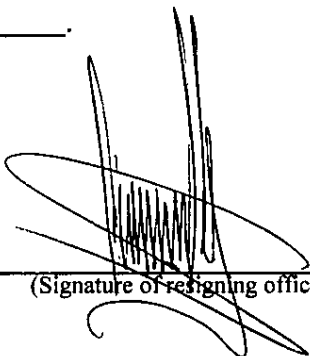
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, WILLIAM CAMACHO, hereby resign as PRESIDENT
(Title)

of J C P DISTRIBUIDOR, INC.
(Name of Corporation)

P06000105490, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature 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

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DIVISION OF CORPORATIONS
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