## P07000 105658

(Requ	iestor's Name)			
(Addre	ess)			
(Addre	ess)			
(City/S	State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Busir	ness Entity Name)			
(Docu	ument Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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TALLAHASSEELFLORID

JUN 182015 T CANNON

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: A & I	P PLUS SERVICE, INC		
(Name of Corporation)			
DOCUMENT NUMBER:	P07000105658		
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing		
Please return all correspondence of	concerning this matter to the following:		
CLAUDIA L	.OPEZ		
(Name of Pe	erson)		
(Name of Firm/C	Company)		
425 SW 148	BTH AVE		
(Address	s)		
DAVIE, FL	33325		
(City/State and 2	Zip Code)		
For further information concerning	g this matter, please call:		
<b>CLAUDIA LOPEZ</b>	at (954) 232-8744  (Area Code & Daytime Telephone Number)		
	31 I		

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

15 JUN -9 PM 2: 26

JAIME A. MEJ	hereby resign as	VP_
4 0 D DI I	IC OFFINIOF INC	(Title)
	JS SERVICE INC.	
P07000105658	a corporation organized under the	laws of the State of
(Document Number, if known) FLORIDA		
1201(10)	<b>_</b> ·	
	(	
(	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