P09000034975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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# TRANSMITTAL LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** JM 1607, INC.
(Name of Corporation)

**DOCUMENT NUMBER:** P09000034975

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

Please return all correspondence concerning this matter to the following:

_____
(Name of Person)

_____
(Name of Firm/Company)

_____
(Address)

_____
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____
(Name of Person) (Area Cod

**Iñaki Saizarbitoria, Esq. P.A.**
ATTORNEY AT LAW
21 S.W. 15 Rd., Suite 200
Miami, Florida 33129
(305) 374-4106

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
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

CR2E044 (05/13)

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

I, ALCIRA M. COSNARD, hereby resign as DIRECTOR
(Title)

of JM 1607, INC.
(Name of Corporation)

P09000034975
(Document Number, if known), a corporation organized under the laws of the State of

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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