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(Requestor's Name) (Address) (Address)	000256247350
(City/State/Zip/Phone #)	03/10/1401028004 **10.00 02/03/1401013010 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAR 11 2014 R. WHITE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2014

DIANA M CADIZ 11373 WEST FLAGLER ST #203 MIAMI, FL 33175

SUBJECT: JD REBUILT TITLES, CORP. Ref. Number: P11000098075

We have received your document for JD REBUILT TITLES, CORP. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 714A00002889

www.sunbiz.org Division of Cornerations - P.O. BOX 6327 Tallahasson, Florida 32314

TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: (Name of Corporation G P **DOCUMENT NUMBER:**

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) p. ompany #2-03 lader (Address) (City/State and Zip Code

For further information concerning this matter, please call:

Νа (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** 2661 Executive Center Circle Tallahassee, FL 32301



Vice Presiden iana Cad hereby resign as_ I, Corp. of (Name of Corporation) a corporation organized under the laws of the State of (Document Num er, if known) FLORIDA Signature of resigning officer/director) ÷ 23 FILING FEE IS \$35.00 ္ 6.0 Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314