P12000023771

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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12/18/24--01006-023 **35.00

SECRETARY OF STATE

2024 DEC 18 PH 3:



TRANSMITTAL LETTER

ALL IN ONE HOUSE REPAIR INC SUBJECT: (Name of Corporation) DOCUMENT NUMBER: P12000023771 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Amanda Ospina Valencia (Name of Person) ALL IN ONE HOUSE REPAIR INC (Name of Firm/Company) 312 Denise Dr (Address) Jacksonville, FL 32218 (City/State and Zip Code) For further information concerning this matter, please call: Julio C Ospina

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

TO:

Amendment Section Division of Corporations

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

(Name of Person)

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 2024 DEC 18 PM 3:

CR2E044 (05/13)

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Amanda Ospina Valencia L	, hereby resign as	
··	(Title)	
ALL IN ONE HOUSE REPAIR INC		
(Name	of Corporation)	
P12000023771	, a corporation organized under the laws of the State of	
(Document Number, if known)	_ ,	
Florida		
	 ·	
	SECRETARY OF STALLAHASSEE, 18 PM 3:	

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