## 100031001

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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## TRANSMITTAL LETTER

SUBJECT: REJOMODI CORP
(Name of Corporation)
DOCUMENT NUMBER: P12000031001
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
EDGAR TRIANA
(Name of Person)
(Name of Firm/Company)
436 PLUMOSA AVE
(Address)
CASSELBERRY FL 32707
(City/State and Zip Code)
For further information concerning this matter, please call:
EDGAR TRIANA (Name of Person)  at (407) 757 - 2306 (Area Code & Daytime Telephone Number)
(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

**TO:** Amendment Section Division of Corporations

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, EDGAR TRIANA	, hereby resign as VP		
of REJOMODI CORF		(Title)	) ,
	f Corporation) _, a corporation organized und	er the laws of the S	tate of
FLORIDA	<b>.</b>		
	gnature of resigning officer/director	ır)	16 AUG
, F	ILING FEE IS \$35.00	6 (2) (3) (4) (4)	-5 AH

Make checks payable to Florida Department of State and mail to:

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