P14000021333

(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(City/State/Zip/Phone #)					
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

TO: Amendment Section Division of Corporations
SUBJECT: LD JUMAR INC. (Name of Corporation) DOCUMENT NUMBER: P 40000 21333
DOCUMENT NUMBER: 1/140000 21333
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAILIA Lycelly Villegas. (P) (Name of Person)
LD TUMAR INC. (Name of Firm/Company)
M980 N. TAMIAMI TRAIL (Address)
SARASOIA TO 34243 (City/State and Zip Code)
For further information concerning this matter, please call:
FULID MONKESINDS. at (813) 447-6247 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CR2E044 (05/13)

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Julio	MONIESINO.	hereby resign	n as	(Title)
ofLD	JUMAR, I	CNC.		,
(Document Nu	mber, if known)	, a corporation organize	d under the laws o	f the State of
1 LORION				
·	GanAII,	$\underbrace{\mathcal{O}\mathcal{I}\cdot\mathcal{O}\;\mathcal{I}}_{\text{gnature of resigning officer/}}$	2016 director)	FILEU FILEU
				A STATE OF THE STA

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