

P15000039735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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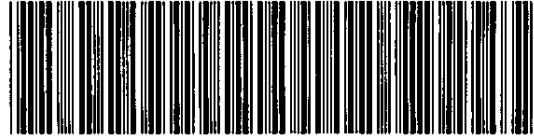
(Business Entity Name)

(Document Number)

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16 AUG 3 4 51 PM '16  
STATE  
CORPORATIONS

AUG 12 2016  
C McNAIR

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** P & Z JOBS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000039735

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

Please return all correspondence concerning this matter to the following:

**PAUL ZAMBRANO**

(Name of Person)

**P & Z JOBS INC**

(Name of Firm/Company)

**2031 W LIVINGSTON ST**

(Address)

**ORLANDO FL 32805**

(City/State and Zip Code)

For further information concerning this matter, please call:

**PAUL ZAMBRANO** at **407** **4600225**  
(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

RECEIVED  
DIVISION OF CORPORATIONS  
16 AUG -3 11 52 AM '02

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 AUG - 3 14 P 42

I, ZELIDED MORA, hereby resign as VP  
(Title)

of P & Z JOBS INC  
(Name of Corporation)

P15000039735, a corporation organized under the laws of the State of  
(Document Number, if known)

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