

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700278101527

10/16/15--01005--019 **35.00

FALLABISSE, FLORE

15 UCT 15 PHTZ: 39

7050-

OCT 16 2015

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: JOP INSTALLATION INC

(Name of Corporation)

DOCUMENT NUMBER: P15000066484

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

Please return all correspondence concerning this matter to the following:

JENDRY JOMARRON

(Name of Person)

JOP INSTALLATION INC

(Name of Firm/Company)

3257 8TH ST

(Address)

SARASOTA, FL 34237

(City/State and Zip Code)

For further information concerning this matter, please call:

JENDRY JOMARRON

...941

,586-3156

(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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{I,} MAGDIEL HERNA	NDEZ, hereby resign as VICE PRESIDENT
of JOP INSTALLATIO	ON INC
	of Corporation)
P15000066484 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	
	2

FILING FEE IS \$35.00

Signature of resigning officer/director)

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

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