P17000084513

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





700375559537

10/26/21--01013--015 **35.00

resignation

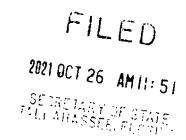
FILED MOI 26 MII: 51

A. RAMSEY NOV 0 5 2021

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JOINTROAD CORPORATION	
	(Name of Corporation)
DOCUMENT NUMBER: P17000084513	·-·-
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing
Please return all correspondence concerning	this matter to the following:
Alvaro Castillo	
(Name of Person)	
Castillo & Associates	
(Name of Firm/Company)	
1390 Brickell Avenue Suite 200	
(Address)	· · · · · · · · · · · · · · · · · · ·
Miami, FL 33131	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
Alvaro Castillo	305 371-5540
(Name of Person)	at (305 371-5540 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable	le to the Florida Department of State.
Mailing Address:	Stude Address.
Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



ACB Management Services Inc	President and Director, hereby resign as	
	(Title)	
JOINTROAD CORPORATION		
(Nar	me of Corporation)	
(Document Number, if known)	a corporation organized under the laws of the State of	
Florida		
<i>(</i>		
	shy	
	(Signature or 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