119110000819

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(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:		

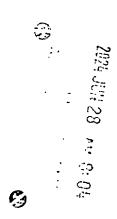
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TRANSMITTAL LETTER

SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER: P18000071911		
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing	
Please return all correspondence concernir	ng this matter to the following:	
GLORIA RIVERA ORTIZ		
(Name of Person)		
JOS MAINTENANCE SERVICE INC		
(Name of Firm/Company))	
123 SE 15TH STREET STE E		
(Address)		
DEERFIELD BEACH,FL 33441		
(City/State and Zip Code))	
For further information concerning this ma	atter, please call:	
GLORIA RIVERA ORTIZ	954 649-5061	
(Name of Person)	at (954 649-5061 (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.	
Mailing Address:	Street Address: Amendment Section	
Amendment Section Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JOSE A LOAIZA RIVILLAS L	VICE PRESIDENT, hereby resign as
	(Title)
JOS MAINTENANCE SERVICE INC	
	of Corporation)
P18000071911	a corporation organized under the laws of the State of
(Document Number, if known)	
FLORIDA	
	 '

FILING FEE IS \$35.00

ignature of resigning officer/director)

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

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