

P18000091512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

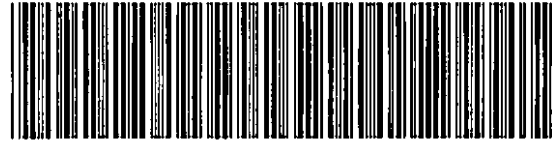
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SECRETARY OF  
TALLAHASSEE FLA.

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LEON & SON CRANE SERVICES, INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P18000091512  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

PEDRO LEON  
\_\_\_\_\_

(Name of Person)

LEON & SON CRANE SERVICES, INC  
\_\_\_\_\_

(Name of Firm/Company)

407 SPARKMAN RD  
\_\_\_\_\_

(Address)

PLANT CITY, FL 33566  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

PEDRO LEON  
\_\_\_\_\_

(Name of Person)

at ( 813 ) 517-7202  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
2022 AUG -2 PM 3:03  
SECRETARY OF  
TALLAHASSEE

I, PEDROMANUEL LEON, hereby resign as VICEPRESIDENT  
(Title)

of LEON & SON CRANE SERVICES, INC  
(Name of Corporation)

P18000091512, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Pedro Leon  
(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