

P19 0000 16141

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

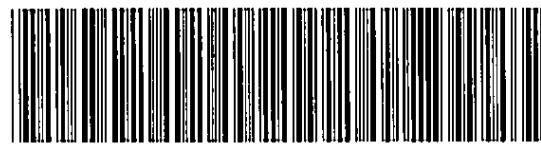
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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05/25/2021

JH

2021 APR 19 AM 8:56  
SECURITY DEPT  
ALL AUTHORISATION  
FILED

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRUJILLO'S REPAIRS, INC

(Name of Corporation)

**DOCUMENT NUMBER:** P19000016141

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

Please return all correspondence concerning this matter to the following:

LEIDY TRUJILLO

(Name of Person)

TRUJILLO'S REPAIRS, INC

(Name of Firm/Company)

7056 SW 4TH ST

(Address)

MIAMI, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL TRUJILLO

(Name of Person)

at ( 786 ) 327-8732

(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:**

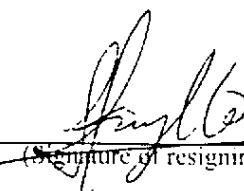
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LEIDY TRUJILLO, hereby resign as VP  
(Title)

of TRUJILLO'S REPAIRS, INC  
(Name of Corporation)

P19000016141, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

2021 APR 19 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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