

P19000069321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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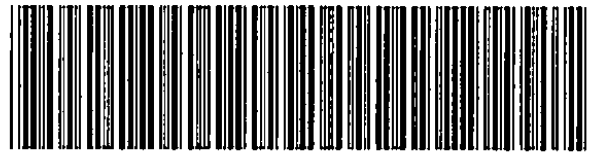
(Business Entity Name)

(Document Number)

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O/D - R-5592

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JOJU Systems Corp  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P19000069321  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Jose J Iglesias  
\_\_\_\_\_  
(Name of Person)

JOJU Systems Corp  
\_\_\_\_\_  
(Name of Firm/Company)

2620 NE 135TH ST Unit # 324  
\_\_\_\_\_  
(Address)

North Miami, FL 33181  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Iglesias at (305) 9026575  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

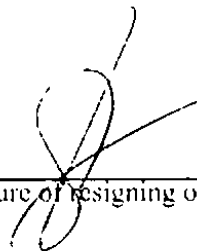
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Jose Iglesias, hereby resign as V.P  
(Title)

of JOJU Systems Corp  
(Name of Corporation)

P19000069321, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(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

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