

P24 000018692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PEDRAZA REMODELING INC  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P24000018692  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

BRIAN J. CORA ESTOPINAN  
\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

481 E 13TH ST  
\_\_\_\_\_  
(Address)

HIALEAH, FL 33010  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN J. CORA ESTOPINAN at ( 786 ) 772-9635  
\_\_\_\_\_  
(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

**I NEVER HELD ANY OFFICER POSITION OR HAD MANAGEMENT RESPONSIBILITY AT PEDRAZA REMODELING INC, AND I BELIEVE MY NAME WAS ADDED TO THE CORPORATE DOCUMENTS IN ERROR AND WITHOUT MY AUTHORITY. I WOULD LIKE TO REMOVE MY NAME FROM ANY SUCH TITLE OR ROLE AND THEREFORE SUBMIT THIS RESIGNATION OF ROLE OR TITLE AND IN SUPPORT THEREOF, STATE AS FOLLOWS:**

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**I NEVER HELD ANY OFFICER POSITION OR HAD MANAGEMENT RESPONSIBILITY AT PEDRAZA REMODELING INC, AND I BELIEVE MY NAME WAS ADDED TO THE CORPORATE DOCUMENTS IN ERROR AND WITHOUT MY AUTHORITY. I WOULD LIKE TO REMOVE MY NAME FROM ANY SUCH TITLE OR ROLE AND THEREFORE SUBMIT THIS RESIGNATION OF ROLE OR TITLE AND IN SUPPORT THEREOF, STATE AS FOLLOWS:**

I, BRIAN J. CORA ESTOPINAN, hereby resign as Vice President  
(Title)

of PEDRAZA REMODELING INC  
(Name of Corporation)

P24000018692, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
\_\_\_\_\_  
(Signature of resigning officer/director)

FILED  
2024 AUG 15 PM 3:48  
STATE  
TALLHASSEE, FLORIDA

**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