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| Certified Copies | Certificates | of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

Withers Transfer And Storage of Coral Gables, Inc. SUBJECT: (Name of Corporation) 650135 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Charles R. Dorway (Name of Person) Withers Transfer And Storage of Coral Gables, Inc. (Name of Firm/Company) 10890 NW 29 Street (Address) Miami, FL 33172 (City/State and Zip Code) For further information concerning this matter, please call: Charles R. Dorway (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, | David Ramsey, III | , hereby resign as | Secretary/Treasurer | | |
|----|------------------------------------|-----------------------------------|-------------------------|--|--|
| | Withers Transfer A | nd Storage of Coral Gables, Inc | (Title) | | |
| of | (Name of Corporation) | | | | |
| | 650135 (Document Number, if known) | , a corporation organized under t | he laws of the State of | | |
| | Florida | - | | | |
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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

