

PO9000004418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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07/11/16--01033--012 **35.00

OLD PAs.

JUL 18 2016

R. WHITE

15 JUL 11 AM 11:31
JUL 11 2016
JUL 11 2016

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KARGO LOGISTIC SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: P08000004418

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

Please return all correspondence concerning this matter to the following:

CHRISTIAN X LUGO
(Name of Person)

KARGO LOGISTIC SERVICES, INC
(Name of Firm/Company)

2061 NW 112th AVE UNIT 144
(Address)

DORAL, FL 33172
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTIAN X LUGO at (305) 766-7580
(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
2661 Executive Center Circle
Tallahassee, FL 32301

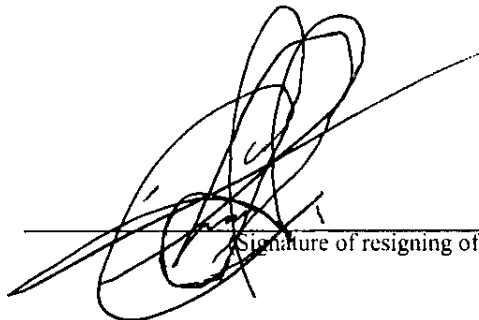
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CHRISTIAN X. LUGO, hereby resign as SECRETARY/DIRECTOR
(Title)

of KARGO LOGISTIC SERVICES, INC
(Name of Corporation)

P08000004418, 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

16 JUL 11 AM 11:31
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make checks payable to Florida Department of State and mail to:

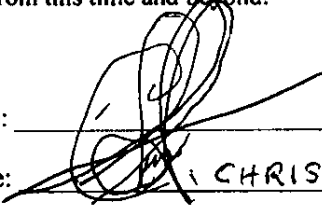
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ATTACHMENT TO OFFICER/DIRECTOR RESIGNATION
FOR A CORPORATION

I, Christian X Lugo, hereby certify that all of the 25% of my shares of stock in KARGO LOGISTIC SERVICE, INC., a corporation organized under the State of Florida, I give and are reversed back to the above Corporation. I have no further equities or liabilities neither expressed nor implied from this time and beyond.

Signed Name: _____

Printed Name: _____

 CHRISTIAN X. LUGO

State of Florida
County of Miami-Dade

I, Esmeralda M. Perez, the undersigned authority, hereby certify that the foregoing document was signed in my presence by Christian X Lugo, as known to me, or who produced photo identification, on this 19th day of June, 2016.

Seal:



ESMERALDA M. PEREZ
MY COMMISSION # FF 037436
EXPIRES: July 18, 2017
Bonded Thru Budget Notary Services


Esmeralda M. Perez
Notary Public, State of Florida