

PIle00000 28806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

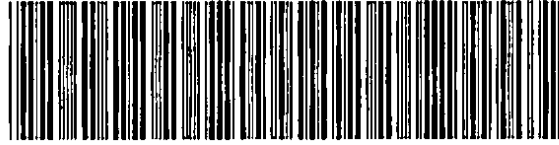
(Business Entity Name)

(Document Number)

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DEPT. OF CORPORATIONS
10 DEC -5 AM 8:51

old Resignation

JAN 11 2020

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Locator System Corp
(Name of Corporation)

DOCUMENT NUMBER: 716000028806

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

Please return all correspondence concerning this matter to the following:

Mabel Medina
(Name of Person)

Locator System Corp
(Name of Firm/Company)

18530 NW 82 nd Court
(Address)

Hialeah FL 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

Mabel Medina at (518) 5338091
(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

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DEPARTMENT OF CORPORATIONS
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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Mabel Meding, hereby resign as President
(Title)

of Locator System Corp
(Name of Corporation)

P16000028806 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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DIVISION OF CORPORATIONS
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