

P16000040233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

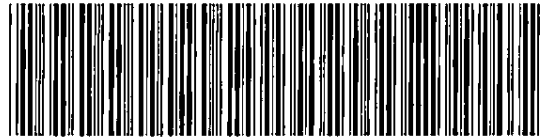
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OWNERS DISTRIBUTORS INC

(Name of Corporation)

DOCUMENT NUMBER: P16000040233

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

Please return all correspondence concerning this matter to the following:

MICHAEL ANON, ESQ.

(Name of Person)

THE ANON LAW FIRM, P.A.

(Name of Firm/Company)

7975 NW 155 STREET, SUITE A

(Address)

MIAMI LAKES, FL 33016

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL ANON, ESQ.

at (305) 8215419

(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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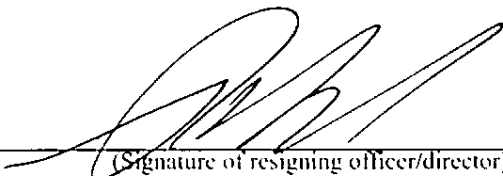
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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUIS R ACEVEDO AS TRUSTEE OF THE PRESIDENT
ACEVEDO MARCANO FAMILY REVOCABLE (Title)
TRUST DATED April 21, 2014
OWNERS DISTRIBUTORS INC
of _____
(Name of Corporation)

P16000040233
(Document Number, if known), a corporation organized under the laws of the State of
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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TALLAHASSEE, FLORIDA