

(Requestor's Name)							
(Address)							
(Address)							
(Addiess)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dusiness Entity (Value)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



900319768319

10/18/18--01026--018 \*\*39.00

18 OCT 18 PH 4: 20

S TALI FN-

MP-Resign

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Qure Moving & Storage Corp (Name of Corporation)  DOCUMENT NUMBER: 9 8 000065038
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:
Jacob Hilmon (Name of Person)
(Name of Firm/Company)
2000 W Commercial Blud Ste doa (Address)
FOIT Lauderdale FL 33309 (City/State and Zip Code)
For further information concerning this matter, please call:
$\frac{\int G(ob + 1)   M_{co} }{\text{(Name of Person)}} \text{ at } \frac{(443)}{\text{(Area Code & Daytime Telephone Number)}}$
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

TO:

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,	Rocks	Barre	<u>tto</u> , h	ereby resign as	M 6-	MA	<del></del> -
of	Pyre	McV.	'AG Corporation)	Sterage	(cro		
<u>P</u>				on organized unde		: State of	
	Florid		_·				
	Ĺ	with Ban	40	gning officer/director		18 <b>0</b>	
	·	() , (s	ignature of resi	gning officer/director	·)	CT 18	FI FI
						PM 4:	

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

FILING FEE IS \$35.00

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