

POB000051991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

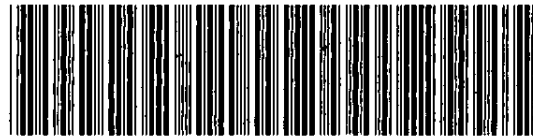
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200134644312

Resignation
Dr. Ogden

08/25/08--01006--012 **35.00

2008 AUG 25 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

POB
8/28/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 809 CARGO EXPRESS
(Name of Corporation)

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:

DAVID MOTA
(Name of Person)

809 CARGO EXPRESS
(Name of Firm/Company)

651 N. GOLDENROB RD. #9
(Address)

ORLANDO, FL 32807
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID MOTA at (646) 305-1990
(Name of Person) (Area Code & Daytime Telephone Number)

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2008 AUG 25 PM 2:40

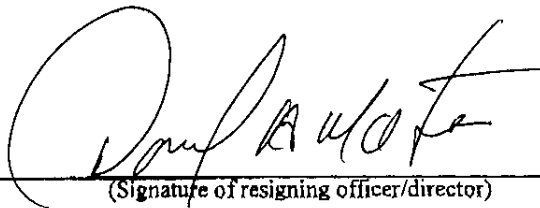
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, DAVID MOTA, hereby resign as PRESIDENT
(Title)

of 809 CARGO EXPRESS INC.
(Name of Corporation)

_____, 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