17468

(Re	equestor's Name)	
•		
(Ad	ldress)	
	ldress)	
(Au	uicss)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

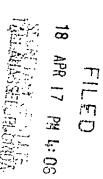




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APR 1 8 2018 S. YOUNG



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Commercial Carrier Corporation
(Name of Corporation)
DOCUMENT NUMBER: 174668
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Manuel A. Alvare, III
(Name of Person)
Comcar Industries, Inc.
(Name of Firm/Company)
502 E. Bridgers Avenue
(Address)
Auburndale, FL 33823
(City/State and Zip Code)
For further information concerning this matter, please call:
Manuel A. Alvare, III (Name of Person) at (863) 965-6871 (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,} Renee Roop	, hereby resign as Secretary	
_{of} Commercial Carrie	er Corporation	
(Nam	e of Corporation)	
174668 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida	B PR 17 PH	
Ren	(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