249374

questor's Name)				
dress)				
dress)				
(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
siness Entity Nan	ne)			
(Document Number)				
Certificates	s of Status			
iling Officer:				
	dress) dress) dress) WAIT siness Entity Nar cument Number) Certificates			

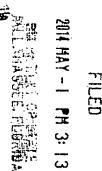
Office Use Only



600258975176

resignation

05/01/14--01015--014 **70.00



100P 5/12/14

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: MIAMI CLUTCH Service INC. (Name of Corporation)
DOCUMENT NUMBER: 249374
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
TVLIO CRUZ (Name of Person)
MIAMI CLUTCH Service Inc (Name of Firm/Company)
/// N.W. 20 57 (Address)
MIAMI FLORIDA 33127 (City/State and Zip Code)
For further information concerning this matter, please call:
TULIO CRUZ at (30J) 573-6067 (Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION F

FILED

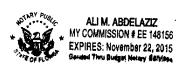
			2014 MAY - 1. PM 3. 10	
	MARTA CRUZ		ME FERMA	
I, _	MARTA CRUZ	, hereby resign a	1/reasurer	
	,,		(Title)	
of_	Miami Clutch (Name of Cor	Service	Incorporated	ز
	. (Name of Cor	poration)	e paratico de Vicinio.	
	(Document Number, if known), a c	orporation organized u	under the laws of the State of	
	FLORIDA.			
	`			

Marla Gruz
(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



Alimphology