632317

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

Amendment Section Division of Corporations

TO:

SUBJECT: Prime Airport Services, Inc. (Name of Corporation)
DOCUMENT NUMBER: 632317
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Legal Department
(Name of Person)
Prime Airport Services, Inc.
(Name of Firm/Company)
6450 N.W. 22nd Street
(Address)
Miami, Florida 33122
(City/State and Zip Code)
For further information concerning this matter, please call:
Legal Department at (786) 265-6091
Legal Department at (786) 265-6091 (Name of Person) at (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

{I.} Eduardo Vial	, hereby resign as	Secretary	
-74 <u></u>		(Title)	_
ofPrime Airport Services, Inc.	<u> </u>		
(Name	of Corporation)		,
(Document Number, if known)	_, a corporation organized un	der the laws of the State of	
Florida			
Salua	rclo Uio Signature of resigning officer/direct	SECRE LARY OF STATIFALLAHASSEE, FLORII	FILED

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