

N170000 10137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

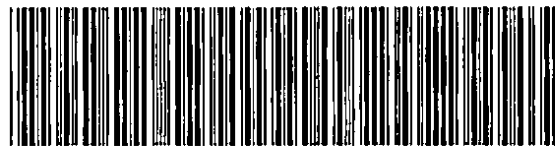
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100341985971

03/23/20--01009--016 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 MAR 23 PM 2:00

QM

4/6/20

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 2062, INC.

(Name of Corporation)

DOCUMENT NUMBER: N17000010137

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

x ROBERT P. FIORE
(Name of Person)

x FLA LOCAL 1922
(Name of Firm/Company)

x 1007 N. AMERICA WAY Suite 407
(Address)

x MIAMI, FL. 33132
(City/State and Zip Code)

For further information concerning this matter, please call:

x ROBERT P. FIORE at (305) 798-5845
(Name of Person) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert Fiore, hereby resign as Vice President
(Title)

of INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 2062, INC.
(Name of Corporation)

N17000010137, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 MAR 23 PM 2:00