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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE.
FALLAHASSEF FISIALE.

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TO: Amendment Section

COVER LETTER

Division of Corporations
SUBJECT: PRO 2 CALL TRANSPORTATION INC. (Name of Corporation) DOCUMENT NUMBER: POOOOOOO881
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PAULA SAMMS (Name of Person)
Pro 2 CAU TRANSPORTATION Service INC (Name of Firm/Company)
13619 49+4 St N (Address)
ROYAL PALM BEACH FL 33411 (City/State and Zip Code)
For further information concerning this matter, please call:
Noel Samms at (561) 798-0331 (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, PAULA SAMM 5, hereby resign as VD
of PRO 2 CALL TRANSPORTATION INC.
(Document Number, if known) a corporation organized under the laws of the State of
Florida.
SECRETARY OF STALLAHASSEE FL
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
bscribed and sworn to before me this 18 day of 101, in the year
Amarilys 1. Garcia MY COMMISSION # DD174042 EXPIRES January 3, 2807 BONDED THRUTROY FAIN INSURANCE INC.