

(Requestor's Name)		
(Address	s)	
(Address	5)	
(City/Sta	te/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		





700245230487

03/08/13--01009--025 \*\*35.00





## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: ALL STATES AUTO TRANSPORT INC	
(Name of Corporation)	
DOCUMENT NUMBER: P00000045117	—
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	filing
Please return all correspondence concerning this matter to the following:	
MARLEN M MARQUEZ	
(Name of Person)	
ALL STATES AUTO TRANSPORT INC	
(Name of Firm/Company)	
2101 NW 95TH ST	
(Address)	
MIAMI, FL 33147	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MARLEN M MARQUEZ at (305 )634 1515	
(Name of Person) (Area Code & Daytime Telephone Num	iber)

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 409 E. Gaines Street Tallahassee, FL 32399



## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>I,</sub> CARLOS A MARQ	UEZ hereby resign as P	RESIDENT
of ALL STATE AUTO	TRANSPORT IN	(Title)
P0000045117 (Document Number, if known)	of Corporation), a corporation organized unde	er the laws of the State of
FLORIDA		
		13 MAR -8
	Signature of resigning officer/director	PH II I

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