

PO1000115540

(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



500146429905

03/23/09--01025--021 **35.00

FILED
09 MAR 23 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0125201
3/25/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARIB-LINK SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P01000115540

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

Please return all correspondence concerning this matter to the following:

VLADIMIR VAZQUEZ
(Name of Person)

CARIB-LINK SERVICES, INC.
(Name of Firm/Company)

7150 NW 36 AVENUE
(Address)

MIAMI, FL 33147
(City/State and Zip Code)

For further information concerning this matter, please call:

IVENCESLAO BAEZ at (786) 319-2928
(Name of Person) (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

FILED
09 MAR 23 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

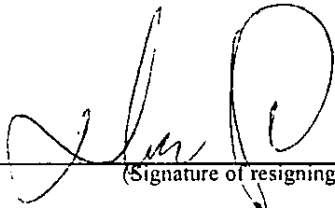
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, IVAN PEREZ, hereby resign as DIRECTOR
(Title)

of CARIB-LINK SERVICES, INC.
(Name of Corporation)

PD1000115540, a corporation organized under the laws of the State
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
09 MAR 23 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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