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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
TO: Amendment Section Division of Corporations SUBJECT: XCC LOG/3T/C5 (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
HRI TYPALDOS (Name of Person)
XCC LOGISTICS (Name of Firm/Company)
6000 NW 97 AVENUE, SUITE 400 (Address)
MIAMI FL 33178 (City/State and Zip Code)
For further information concerning this matter, please call:
ARI TYPHISOS at (305) 471-9810 (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 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	TORGE POL	X16UE Z	, hereby resign as	SECRE	TAR,	У	
of	Xee	Mame of Corpo				·,	
	Document Number, if known	, a cor	poration organized u	nder the laws of th	e State o	f	
7					I ALLAHASSEE.	04 007 18	
		Signature	of resigning officer/direc	ctor)	SSEE, FLORID	18 PN 3: 58	

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