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TO: Amendment Section Division of Corporations
SUBJECT: J. SILVA TRUCKING, INC.
(Name of Corporation)
DOCUMENT NUMBER: P02000100890
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan Silva
(Name of Person)
J. SILVA TRUCKING, INC.
(Name of Firm/Company)
1026 PALM DR
(Address)
Immokalee FL 34142
(City/State and Zip Code)
For further information concerning this matter, please call:
Juan Silva (Name of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

_{ı,} Richard A Donn	er C	PA	. hereb	y resign as S	ecreta	ry
				, 100-Bu do	**************************************	(Title)
of J. SILVA TRUC	KIN	G, IN	IC.			
		of Corpora		······································		
P02000100890		_, a corp	oration o	rganized unde	r the laws o	f the State of
(Document Number, if known))	_· •				•
Florida		_•				
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FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314