P03000047907

(Re	equestor's Name)	········
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Name	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CARRIERHOUSE CORP. (Name of Corporation)	
DOCUMENT NUMBER: P03000047907	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted	I for filing.
Please return all correspondence concerning this matter to the following:	
CAMILO RESTREPO	
(Name of Person)	
	*
(Name of Firm/Company)	TAL
41 SE 5th STREET, #1002	
(Address)	#F B 23
MIAMI, FL 33131	T A IT
(City/State and Zip Code)	AH III: L
For further information concerning this matter, please call:	1
CAMILO RESTREPO (Name of Person) at (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
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, STELLA SANCHEZ	, hereby resign as Managing Member (Title)
of CARRIERHOUSE C	
P0300047907 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	_•
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(Si	John Services 16 FEB 23 AH III III III III III III III III III

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