

P04000005291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

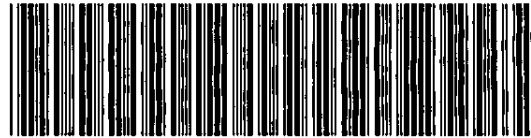
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 DEC - 6 PM 4:38

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o/h
Resign
12/12/13
Dc

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNITED MASTER LINES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000005291

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

Please return all correspondence concerning this matter to the following:

NICHOLAS GARCIA

(Name of Person)

UNITED MASTER LINES, INC.

(Name of Firm/Company)

1351 NE MIAMI GARDENS DR. 1212

(Address)

MIAMI, FL 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXEI DOROKHOV

(Name of Person)

at (954) 639-6906

(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
2661 Executive Center Circle
Tallahassee, FL 32301

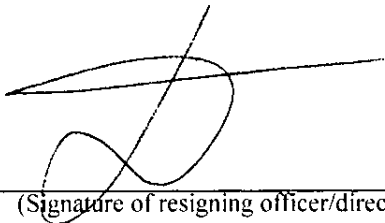
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALEXEI DOROKHOV, hereby resign as PRESIDENT
(Title)

of UNITED MASTER LINES INC
(Name of Corporation)

P04000005291, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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

FILED
13 DEC - 6 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: West Crane Service, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000036335

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

Please return all correspondence concerning this matter to the following:

Cindy West

(Name of Person)

West Crane Service, Inc.

(Name of Firm/Company)

1640 Newport Ave.

(Address)

DeLand, FL 32724

(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy West

(Name of Person)

at (386- 738-0788)

(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
2661 Executive Center Circle
Tallahassee, FL 32301