

(Requ	uestor's Name)	
(Addi	ess)	-
(Addi	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

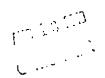
Office Use Only



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08/08/19--01009--019 **35.00

SECRETARY SESTING.



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations Specialty Distributors, Inc. (Name of Corporation) DOCUMENT NUMBER: P04000060985 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 Carlos Billoch (Name of Person) (Name of Firm/Company) 13880 SW 68th Ave (Address) Miami, FL 33158 (City/State and Zip Code) For further information concerning this matter, please call: Juan Carlos Billoch Area Code & Daytime Telephone Number) (Name of Person)

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

, Juan Carlos Billoch	. hereby resign as Treasuror/Director
**	(Title)
of Specialty Distributors,	Inc.
(Name of Corpo	ration)
(Document Number, if known), a cor	poration organized under the laws of the State of
Florida	
(Signature	Sideral Signing 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