| (Requestor's Name)                      |      |
|---|------|
| (Address)                               |      |
| (Address)                               |      |
| (City/State/Zip/Phone #)                | H    |
| PICK-UP WAIT MAI                        | L    |
| (Business Entity Name)                  | _    |
| (Document Number)                       |      |
| Certified Copies Certificates of Status |      |
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## TRANSMITTAL LETTER

Division of Corporations APC Distributors, Inc. (Name of Corporation) P040000113197 **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: Daniel Alvarez (Name of Person) APC Distributors, Inc. (Name of Firm/Company) 10200 NW 25 St. Suite 212 (Address) Miami, FL 33172 (City/State and Zip Code) For further information concerning this matter, please call: Francisco Barranco (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32399 Tallahassee, FL 32314

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| I, Daniel Alvarez                         | , hereby resign as Director                   | esion as Director   |       |  |
|---|---|---|-------|--|
| *,  |   | (Tide)  |       |  |
| of APC Distributors, Inc.                 |   |   | >     |  |
| (Nan                                      | ne of Corporation)                            |   |       |  |
| P040000113197 (Document Number, if known) | , a corporation organized under the laws of t | he State of   |       |  |
| Florida                                   |   |   |       |  |
| ,<br>                                     | (Signature of resigning officer/director)     | O4 DEC 13 AMII: 55  SLURETARY OF STATE TALLAHASSEE, FLORIDA | FILED |  |

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