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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FATUER & Son Trucking, INC. (Name of Corporation)
DOCUMENT NUMBER: PO4000 11577 1
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lazaro Reyes (Name of Person)
FATHER & Son Trucking, INC. (Name of Firm/Company)
2012 NE SZNJ ST. (Address)
Ocala FL 34479 (City/State and Zip Code)
For further information concerning this matter, please call:
LAZARO Reyes at (352) 266-3842 (Name of Person) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION TO AMOUNT OF THE STATE OF

The.
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Inc.
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ghing 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