

PO4000124775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

J. Shivers JAN 07 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SKYLINE TAXI CAB COMPANY, INC
(Name of Corporation)

DOCUMENT NUMBER: P04000124775

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

Please return all correspondence concerning this matter to the following:

MIGUEL A. GOMEZ

(Name of Person)

SKYLINE TAXI CAB COMPANY, INC

(Name of Firm/Company)

23426 GARRETT AVE

(Address)

PORT CHARLOTTE, FL 33954

(City/State and Zip Code)

For further information concerning this matter, please call:

MIGUEL A. GOMEZ

(Name of Person)

at (941) 764-8296

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ELIZABETH A. GOMEZ, hereby resign as ADMINISTRATOR
(Title)

of SKYLINE TAXI CAB COMPANY, INC
(Name of Corporation)

P04000124775, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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