

P04 000153297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

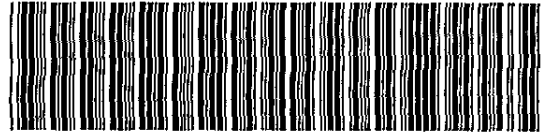
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400054516184

05/16/05--01054--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 16 PM 4:15

O/D Resign.

05/23/05

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRANSSCOM INC
(Name of Corporation)

DOCUMENT NUMBER: P04000153297

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

Please return all correspondence concerning this matter to the following:

ALMOND ALEXIS
(Name of Person)

TRANSSCOM INC
(Name of Firm/Company)

4549 EMERALD VISTA Apt # 208
(Address)

LAKE WORTH FL 33461
(City/State and Zip Code)

For further information concerning this matter, please call:

ALMOND ALEXIS at (561) 906-4595
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, AIMOND ALEXIS, hereby resign as Director of Logistics
(Title)

of TRANSSCOM INC.
(Name of Corporation)

P 04000153297, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 16 PM 4:15

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