POS0000 92832

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Control Institute In Filler Office			
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OS DEC 13 AM 8: 47

or off

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ASSURance Quality Value Transport Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>POSOOO 92 832</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vasily Tvanov (Name of Person)
Assurance Quality Value Transport Inc. (Name of Firm/Company)
626 Toledo Rd (Address)
North Port F/ 34287 (City/State and Zip Code)
For further information concerning this matter, please call:
Vasily Tvanov at (941) 576-0500 (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
Post Office Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Pavel Tatchin	, hereby resign as Vice	Prosident (Title)
of Assurance Quality (Name	Value TRAIL Sport I	hr.
P 05000092832 (Document Number, if known)	_, a corporation organized under the law	s of the State of
Florida	_·	
	signature of resigning officer/director)	OS DEC 13 AM 8: 47 JUNE 1948Y OF STATE FALLAHASSEE, FLORID

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