

P05000094177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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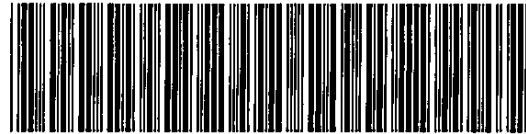
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 MAY -7 PM 3:20

FILED

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUZA HAULING INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000094177

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

AROLDO L. SOUZA  
(Name of Person)

SOUZA HAULING INC  
(Name of Firm/Company)

6210 SHELDON RD # 2401  
(Address)

TAMPA - FL - 33615  
(City/State and Zip Code)

For further information concerning this matter, please call:

AROLDO SOUZA at ( 813 ) 447-5479  
(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  
FOR A CORPORATION**

**FILED**  
**07 MAY -7 PM 3:21**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, BEATRIZ D'AMICO SOUZA, hereby resign as Secretary, treasurer & VP  
(Title)

of SOUZA HAULING INC.  
(Name of Corporation)

P05000094177, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

*Beatriz D'Amico Souza*  
(Signature of resigning 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