500011219

| (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: | | | | | |
| | | | | | |
| | | | | | |
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Office Use Only



200131046722

06/23/08--01050--015 **35

COVER LETTER

| | Amendment Section Division of Corporation | ns | | |
|-----------------------------------|--|-----------------------------|--|--|
| SUBJEC | CT: MAQUEIRA TE | RUCKING | | |
| | | (| Name of Corpor | ration) |
| DOCUM | MENT NUMBER: | P050001121 | 97 | |
| The encl | osed Officer/Director | Resignation for | or a Corporation | n and fee are submitted for filing. |
| Please re | turn all corresponden | ce concerning | this matter to t | he following: |
| ROBER | RTO MAQUEIRA | | | |
| | (Name o | of Person) | | - |
| MAQU | EIRA TRUCKING | | | |
| | (Name of Fi | rm/Company) | | - |
| 2675 3 | 9TH AVE NE | | | |
| | (Add | dress) | | • |
| NAPLE | ES, FL 34120 | | | |
| | (City/State a | nd Zip Code) | | - |
| For furth | er information conce | rning this matte | er, please call: | |
| ROBER | RTO MAQUEIRA | | at (239 | 229-3039 le & Daytime Telephone Number) |
| | (Name of Perso | n) | (Area Cod | le & Daytime Telephone Number) |
| Enclosed | d is a check for \$35.00 |) made payable | to the Florida | Department of State. |
| Division Clifton B 2661 Exe | address: nent Section of Corporations Building ecutive Center Circle see, FL 32301 | Amend Divisio Post Of | g Address: ment Section n of Corporation ffice Box 6327 assee, FL 3231 | |

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| I. YUDELKIS DIAZ | , hereby resign as SECRETARY | | |
|--|---|--|--|
| , | (Title) | | |
| of MAQUEIRA TRUCKING 1 | | | |
| (Name | of Corporation) | | |
| P05000112197 (Document Number, if known) | _, a corporation organized under the laws of the State of | | |
| FLORIDA | | | |
| | | | |
| / | | | |
| Lyd | A | | |
| v~ (5 | 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