

P05000133199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

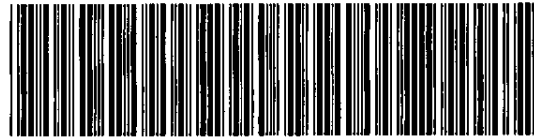
(Business Entity Name)

(Document Number)

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APR 13 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LUIS E. GARCIA MOTOR MOBILE SERVICES INC
(Name of Corporation)

DOCUMENT NUMBER: P05000133199

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

Please return all correspondence concerning this matter to the following:

AIDA L. CAPOTE

(Name of Person)

(Name of Firm/Company)

150 OCEAN LANE DRIVE 1A

(Address)

KEY BYSCAYNE, FL 33149

(City/State and Zip Code)

For further information concerning this matter, please call:

AIDA L CAPOTE

(Name of Person)

at (786) 488-6648

(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**

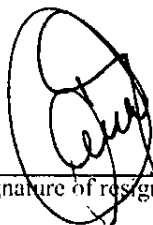
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2012 APR 12 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, AIDA L. CAPOTE, hereby resign as VICE PRESIDENT
(Title)

of LUIS E. GARCIA MOTOR MOBILE SERVICES INC.
(Name of Corporation)

P05000133199, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(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