P05000152504

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	ii Vaad
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



600081055736

10/30/06--01005--015 **35.00

06 OCT 30 AMII: II
SECRETARY OF STATE

230

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SOUTH FLORIDA HEAVY HAULERS, INC.
(Name of Corporation)
DOCUMENT NUMBER: P05000152504
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for file
Please return all correspondence concerning this matter to the following:
MARIA A. ALFONSO
(Name of Person)
SOUTH FLORIDA HEAVY HAULERS, INC.
(Name of Firm/Company)
2070 N.W. 79 AVE.
(Address)
DORAL FLORIDA 33122
(City/State and Zip Code)
For further information concerning this matter, please call:
MARIA A ALFONSO at (786) 236-9779
(Name of Person) at (786) 236-9779 (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

I, CARLOS P. HERRERA	, hereby resign as VP/T		
		(Title)	
of_SOUTH FLORIDA HEAVY		,	
(Na	me of Corporation)		
P05000152504 (Document Number, if known)	, a corporation organized under the law	ws of the State of	
FLORIDA	·	O6 O	Cons.
		06 OCT 30 / SEURETARY (LLAHASSEE	=
	(Signature of resigning officer/director)	AMII: 12 OF STATE OF FLORID!	フ
		DE 2	

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