(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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SECRETARY OF STATES
TALLAHASSEE, FLERIES
TALLAHASSE

DD/RES @12/29/09

COVER LETTER

Division of Corporations
SUBJECT: MOVING Van lines inc (Name of Corporation)
DOCUMENT NUMBER: 0600002544
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Tal Banin (Name of Person)
Moving van lines Inc' (Name of Firm/Company)
1097 N 2876 n a (Address)
Hollywood SL 33020 1 (City/State and Zip Code)
For further information concerning this matter, please call:
Tul Buin at (917) 776 1996 (Name of Person) at (917) April (Area Code & Daytime Telephone Number)

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

TO: Amendment Section

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Tal Banin	, hereby resign as_	(Title)	
of Moving vo	of Corporation)	INC.	······································
	_, a corporation organized un	der the laws of the State of	
Florida			
Ja/	Signature of resigning officer/direct	or)	SECRETARY OF TALLANDS SEE.
Florida fall	<u>-</u>		SECRETARS SEE, FLORE 23 PH 3

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