

PL6000021329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

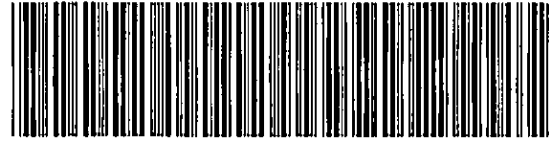
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

2019 FEB 11 A 7:30

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

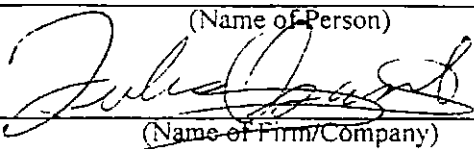
SUBJECT: **PARTES DE CAMION USAFLA, INC.**
(Name of Corporation)

DOCUMENT NUMBER: **P06000021329**

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

Please return all correspondence concerning this matter to the following:

Julian Osante

(Name of Person)

(Name of Firm/Company)

7215 SW 127th Court

(Address)
Miami, FL 33183
(City/State and Zip Code)

For further information concerning this matter, please call:

EElizabeth Del Rio-Henri at **305 394-6425**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FILED
2019 FEB 11 A 1:30
TALLAHASSEE, FLORIDA


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Julian Osante, Jr., hereby resign as Director
(Title)

of PARTES DE CAMION USAFLA, INC.
(Name of Corporation)

P06000021329, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2019 FEB 11 A 7:30

FILED

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