PD6000033131

(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:	

Office Use Only



700305814517

11/20/17--01030--009 **35.00

ZOIT NOV 20 MHO: 09

ODIRES

NOV 22 2017 I ALBRITTON

TRANSMITTAL LETTER

SUBJECT: Ostrander's Trucking, 1	(Name of Corporation)
DOCUMENT NUMBER: P060	·
The enclosed Officer/Director R	Resignation for a Corporation and fee are submitted for filing
Please return all correspondence	e concerning this matter to the following:
Beatrice Ostrander (Name of	Person)
Ostrander's Trucking, Inc. (Name of Firm	n/Company)
3835 P1	NTO LANE
City/State and	FU3354) d Zip Code)
For further information concern	ing this matter, please call:
Beatrice Ostrander (Name of Person)	at (813) 713-5133 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 r	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 409 E. Gaines Street Tallahassee, FL 32399

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I DOUGLAS OS	TRAUNER hereby resign as PRE	(Title)
of Ostrander's Trucking, Inc.	(Name of Corporation)	
P06000033131 (Document Number, if known)	, a corporation organized under the l	aws of the State of
Florida		
and and	(Signature of resigning officer/director)	2017 NOV 20 AM 10: SECREDIANASSEE AT LO

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