

P06000075864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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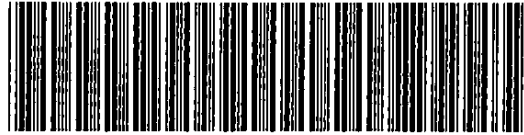
(Business Entity Name)

(Document Number)

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38

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Blue Line Auto Transport, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO6000075864

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

Please return all correspondence concerning this matter to the following:

KV CARRIER SERVICES, INC
9657 NW SOUTH RIVER DR SUITE 1
MEDLEY, FL 33166
PH:305-883-6262 FAX:305-883-2980
KVCARRIERSERVICES@GMAIL.COM

(Name of Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:
KV CARRIER SERVICES, INC
9657 NW SOUTH RIVER DR SUITE 1
MEDLEY, FL 33166
PH:305-883-6262 FAX:305-883-2980
(Name of Person) (Area Code & Daytime Telephone Number)
KVCARRIERSERVICES@GMAIL.COM

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

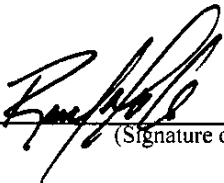
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Raul, Molina P., hereby resign as S (Title)

of Blue Line Auto Transport Inc.
(Name of Corporation)

P06000075864, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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