## P0600009941

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

CAPINCO INC	
SUBJECT: CARINCO, INC.	(Name of Corporation)
DOCUMENT NUMBER: POG	5000099547
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Guillermo Jesus Cartaya	
(Name of Per	rson)
CARINCO, INC.	
(Name of Firm/C	ompany)
17930 SW 152 Avenue	
(Address	<del>)</del>
Miami, FL 33187	
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
Guillermo Jesus Cartaya	at ( 786 ) 286-5353   305-992-548.  (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	de 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

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. Guillermo J ⊫Cartaya	, hereby resign as President
	Title)
of CARINCO, INC.	
<b>-</b>	(Name of Corporation)
P06000099547	, a corporation organized under the laws of the State of
(Document Number, if known	n)
Florida	
	<del></del>
	IN OL

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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