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(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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C. Goulliette MAY 3 1 2007

COVER LETTER

Division of Corporations
SUBJECT: FURIE TRANS DURT CORP RUSIENATION (Name of Corporation)
DOCUMENT NUMBER: PO 6000 141811
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Firm/Company)
8742 NW 50 DR. (Address)
CORPL Springs Fl 33067 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 575-0823 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section

TO:

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, Rogerti Mion , hereby resign as Monn Con Mesi NEW!
of Force TRANSPURTATION CORP. (Name of Corporation)
Poboo 141811 , a corporation organized under the laws of the State of (Document Number, if known)
FLORIDA
(Signature of resigning officer/director)

FILING FEE IS \$35.00

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

CRETARY OF STATE LAHASSEE, FLORIDA

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