

PO7000019853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

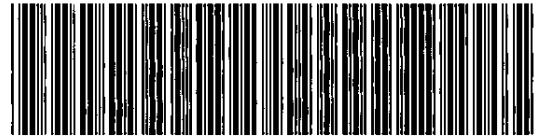
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Resignation
to officer*

09/01/10--01010--012 **35.00

FILED
2010 SEP -1 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Boo
9/2/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REMOVE OFFICER
(Name of Corporation)

DOCUMENT NUMBER: P07000019853

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

Please return all correspondence concerning this matter to the following:

LEONARDO ALBARRACIN

(Name of Person)

LOGICSA FULFILLMENT & DISTRIBUTION INC

(Name of Firm/Company)

3140 W 84TH ST # 8

(Address)

HIALEAH, FL 33018

(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARDO ALBARRACIN at (305) 825-8225
(Name of Person) (Area Code & Daytime Telephone Number)

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**

FILED

2010 SEP -1 AM 10:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

I, SANDRA DENIS, hereby resign as VP
(Title)

of LOGICSA FULFILLMENT & DISTRIBUTION INC
(Name of Corporation)

P07000019853, 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:

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