## P07000057322

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SEPRETARY OF STATE
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OD Resign.

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## **COVER LETTER**

SUBJECT: Ann Trounsport inc (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: <u>P0700057322</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anita Ruiz (Name of Person)
Ann Trans port inc (Name of Firm/Company)
1717 Brian way (Address)
St. Augustine FL 32084 (City/State and Zip Code)
For further information concerning this matter, please call:
Anita Ruiz at (904) 6696815 (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**TO:** Amendment Section Division of Corporations

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>— —                                 </u>	nita	Puiz		, hereby re	esign as	Presi	(Title)	٢	******
of fr	in the	anspa	ne of Corpor	ation)					<b></b> ,
	cument Number	5730 r, if known)	, a corp	ooration orga	nized unde	r the laws o	of the State	of	
FIC	x9da		<u></u> .						
			(Signature	of resigning off	icer/director	)	— <u>Š</u> to	Q.	
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			FILING	FEE IS \$35	.00		<b>E</b>	<u>``</u>	

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

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