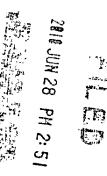
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(Requestor's Name) (Address)	600181841136		
(Address)	000101041130		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	06/28/1001037008 **35.00		
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COVER LETTER

SUBJECT: CAP Transport Inc.

(Name of Corporation)

DOCUMENT NUMBER: P0700085001

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Luis E. Bodrigues
(Name of Person)

CAP Transport Inc.
(Name of Firm/Company)

7908 Malf Williams Road
(Address)

Lakaland Fl 33809
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis E. Bodrigues
(Name of Person)

(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

TO:

Amendment Section Division of Corporations

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

1, Pablo Rodrígu	, hereby resign as_	DVP (T	itle)	
of CLP Transpo	of Tuc.		,	
P 0 7 00 00 8 5 00 1 (Document Number, if known)	, a corporation organized und	der the laws of the	e State of	
Florida .	·			
			2018 JUN	a to any sign
	(Signature of resigning officer/direct	or)	128 PM	113
			?	Take 1

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