P07000101173

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(4-1)-1-1-1-1-1-1
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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ZOON SEP 22 AM 8: 32
SECRETARY OF STATE OF ALLAHASSEE, FI OR ITAL

officer Presignation
TB 9/25/08

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Cass Logistics, Inc. (Name of Corporation)
0,7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DOCUMENT NUMBER: <u>P07000 101173</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:
Haron Cass (Name of Person)
(Name of Person)
Cass Logistics, Inc. (Name of Firm/Company)
5580 Pine Tree Rd (Address)
Parkland, FL 33067
(City/State and Zip Code)
For further information concerning this matter, please call:
ALVON (aS at (888) 256-901 (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

, hereby resign as	esident/V/T/[(Title)
f Corporation)	
, a corporation organized under the	e laws of the State of
÷	
gnature of resigning officer/director)	FILED 2008 SEP 22 AM 8 TALLAHASSEE.FI
	f Corporation) , a corporation organized under the

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