

PD8 0000004418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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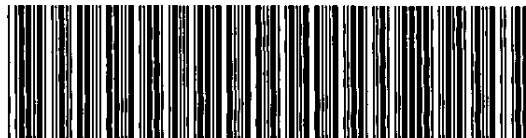
(Business Entity Name)

(Document Number)

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JUL 18 2016

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15 JUL 11 PM 12:35  
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TALLAHASSEE, FL 32301

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KARGO LOGISTIC SERVICES, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** PD8000004418

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

Please return all correspondence concerning this matter to the following:

MARISELA GONZALEZ LUGO  
(Name of Person)

KARGO LOGISTIC SERVICES, INC  
(Name of Firm/Company)

2061 NW 112<sup>th</sup> AVE UNIT 144  
(Address)

DORAL, FL 33172  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARINA M. TORTOZA at (305) 560-0016  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MARINA M. TORTOZA, hereby resign as TREASURER/DIRECTOR  
(Title)

of KARGO LOGISTIC SERVICES, INC  
(Name of Corporation)

P08000004418, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

**1 ATTACHMENT**

Marina tortoza v  
(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

FILED  
16 JUL 11 PM 12:35  
TALLAHASSEE, FLORIDA

**ATTACHMENT TO OFFICER/DIRECTOR RESIGNATION**  
**FOR A CORPORATION**

I Marina M. Tortoza de Lugo, hereby certify that all of the 24% of my shares of stock in KARGO LOGISTIC SERVICE, INC, a corporation organized under the State of Florida, I give and are reversed back to the above Corporation. I have no further equities or liabilities neither expressed nor implied from this time and beyond.

Signed Name: Marina Tortoza V

Printed Name: MARINA M. TORTOZA

**State of Florida**  
**County of Miami-Dade**

I, Esmeralda M. Perez, the undersigned authority, hereby certify that the foregoing document was signed in my presence by Marina M. Tortoza de Lugo, as known to me, or who produced photo identification, on this <sup>27</sup>9th day of June, 2016.   
EXP.

Seal:

Esmeralda M. Perez

Esmeralda M. Perez  
Notary Public, State of Florida



ESMERALDA M. PEREZ  
MY COMMISSION # FF 037436  
EXPIRES: July 18, 2017  
Bonded Thru Budget Notary Services