

PD8000011219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

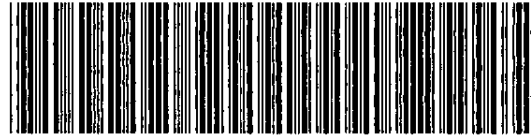
(Business Entity Name)

(Document Number)

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Mr. [unclear] [unclear]

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JUL 30 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 31 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Medtrans Corporation
(Name of Corporation)

DOCUMENT NUMBER: P08000011219

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

Please return all correspondence concerning this matter to the following:

KEITH MILLER

(Name of Person)

FLORIDA MEDTRANS CORPORATION

(Name of Firm/Company)

7326 EDGEWATER DR

(Address)

ORLANDO, FL 32810

(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH MILLER

(Name of Person)

at (321) 388-5902

(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
12 JUL 30 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, NEHEMIAH MILLER, hereby resign as DIRECTOR
(Title)

of FLORIDA MEDTRANS CORPORATION,
(Name of Corporation)

P08000011219, 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