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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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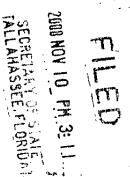
Office Use Only



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resignation

11/10/08--01005--012 **35.00



ASR 11/13/08

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: United Small. Movers Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>PO8 ()000 36 4()</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:
Paul Chakraborty (Name of Person)
United Smull Movers, Inc. (Name of Firm/Company)
11631 Bristol Chase Dr. (Address)
Tom pa FL 33626 (City/State and Zip Code)
For further information concerning this matter, please call:
Paul Chakrabo M at (813) 255-5360 (Name of Person) at (813) 255-5360 (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

FILEL) OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION 2000 NOV 10 PM 3: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u> </u>

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