## P08000045979

| (Requ                      | uestor's Name)  |             |
|----------------------------|-----------------|-------------|
| (Addr                      | ess)            |             |
| (Addr                      | ess)            |             |
| (City/                     | State/Zip/Phon  | e #)        |
| PICK-UP                    | ☐ WAIT          | MAIL        |
| (Busi                      | ness Entity Nai | me)         |
| (Doci                      | ument Number)   |             |
| Certified Copies           | Certificate     | s of Status |
| Special Instructions to Fi | ling Officer:   |             |
|                            |                 | 3           |
|                            |                 |             |
|                            |                 |             |
|                            |                 |             |

Office Use Only



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2009 MAR 18 PM 3:51
SECRETARY OF STATE

off. Resign.

TB 3/20/09

## **COVER LETTER**

|                                        | mendment Section ivision of Corporations                                      |                                                                                                 |                                             |
|----------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------|
| SUBJEC                                 | T: PHOENIX BUS INC                                                            | Name of Corp                                                                                    | pration)                                    |
| DOCUM                                  | ENT NUMBER: P08                                                               | 00045979                                                                                        |                                             |
| The enclo                              | sed Officer/Director Resi                                                     | gnation for a Corporation                                                                       | on and fee are submitted for filing         |
| Please ret                             | urn all correspondence co                                                     | ncerning this matter to                                                                         | the following:                              |
| CHRIST                                 | TOVAM ROJAS                                                                   |                                                                                                 | ÷                                           |
| <del></del>                            | (Name of Pers                                                                 | son)                                                                                            | _                                           |
| PHOEN                                  | IIX BUS INC.                                                                  | , · ·                                                                                           |                                             |
|                                        | (Name of Firm/Co                                                              | ompany)                                                                                         | _                                           |
| 4242 FL                                | ORA VISTA DR.                                                                 |                                                                                                 |                                             |
|                                        | (Address)                                                                     |                                                                                                 | _                                           |
| ORLAN                                  | DO FL 32837                                                                   |                                                                                                 |                                             |
|                                        | (City/State and Zi                                                            | p Code)                                                                                         |                                             |
| For further                            | er information concerning                                                     | this matter, please call                                                                        | :                                           |
| RUBEN                                  | D. TORO                                                                       | at ( 407                                                                                        | 370-6445                                    |
|                                        | (Name of Person)                                                              | (Area Co                                                                                        | 370-6445<br>ode & Daytime Telephone Number) |
| Enclosed                               | is a check for \$35.00 mad                                                    | le payable to the Florid                                                                        | a Department of State.                      |
| Division of<br>Clifton Bu<br>2661 Exec | Idress: ent Section of Corporations uilding cutive Center Circle ee, FL 32301 | Mailing Address: Amendment Section Division of Corporat Post Office Box 632 Tallahassee, FL 323 | 7                                           |

## OFFICER / DIRECTOR RESIGNATIONS FOR A CORPORATION FOR A CORPORATION ALARAS PARTIES ALARAS P

CHRISTOVAM ROJAS , hereby resign as DIRECTOR, SECRETÂRY

Of PHOENIX BUS INC.

(Name of Corporation)

P0800045979 , a corporation organized under the laws of the State of

(Document Number, if known)

FLORIDA

**FILING FEE IS \$35.00** 

e of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314