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TRANSMITTAL LETTER

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SUBJECT: MOTORCOACH Specialists Inc. (Name of Corporation)
DOCUMENT NUMBER: POS 0000 54010
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hugo Galdamez (Name of Person)
Motorcoach Specialists Inc. (Name of Firm/Company)
9572 Sidney Hayes Rd. Stell
Orlando, FL 32824 (City/State and Zip Code)
For further information concerning this matter, please call:
Hugo Galdamez at (321) 299.7724 (Name of Person) (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

2661 Executive Center Circle Tallahassee, FL 32301

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, April Galdamez, hereby resign as Secre	etary (Title)
of Motorcoach Specialists Inc.	,
(Name of Corporation) POSO 00054010 (Document Number, if known) (Document Number, if known)	of the State of
Florida.	
(Signature of resigning officer/director)	
	2615 OCT
FILING FEE IS \$35.00	SSTOR PA

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

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