P08000078809

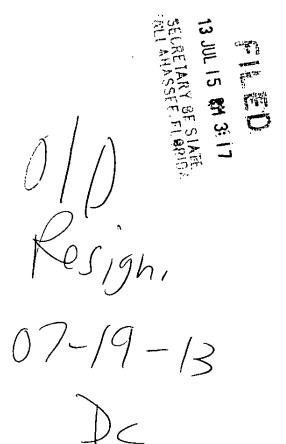
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
-	

Office Use Only



300249741873

07/15/13--01017--010 **35.00



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Ace Cab, Co.
(Name of Corporation)
DOCUMENT NUMBER: \$\frac{908000578809}{}
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Cassandra Vazavez (Name of Person)
(Name of Firm/Company)
• •
2222 NW 22nd CT (Address)
Miami, FL 33142 (City/State and Zip Code)
For further information concerning this matter, please call:
Cassandra Vazavez at (305) U07- U404 (Name of Person) (Area Code & Daytime Telephone Number)
(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, <u>Cassandra Vazquez</u>	, hereby resign as President (Title)
of Ace Cab, Co.	
(Name P080000 78809 (Document Number, if known)	, a corporation organized under the laws of the State of
Florida	 -
	Signature of resigning officer/director)
	Signature of resigning of section of the section of
1	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