

PO8000081697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

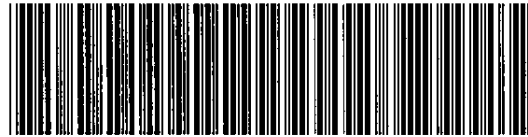
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300214081893

11/14/11--01038--007 \*\*35.00

DA/20 (signed)

FILED  
11 NOV 14 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Minivan Source, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000081697

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

Please return all correspondence concerning this matter to the following:

Douglas E. Pittman

(Name of Person)

Minivan Source, Inc.

(Name of Firm/Company)

1614 McCoy Rd.

(Address)

Orlando, FL 32809

(City/State and Zip Code)

For further information concerning this matter, please call:

Douglas E. Pittman

(Name of Person)

at ( 407 ) 704-8700

(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

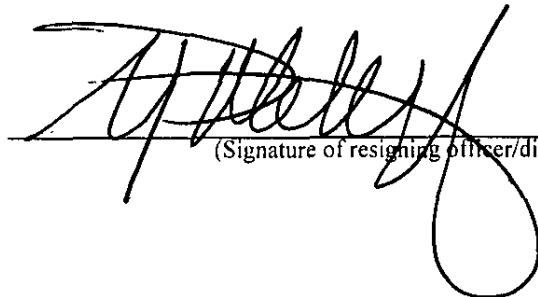
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
**11 NOV 14 AM 11:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

I, Jose Pablo Melendez, hereby resign as Officer  
(Title)

of Minivan Source, Inc.  
(Name of Corporation)

P08000081697, 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