

P09 00000 19433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

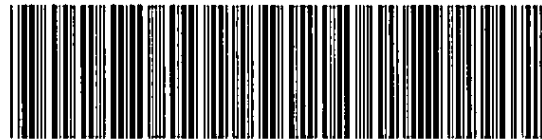
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE & FINANCIAL SERVICES

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bmy Transport Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P090000194133

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

Please return all correspondence concerning this matter to the following:

Maria Hernandez  
(Name of Person)

Bmy Transport Inc  
(Name of Firm/Company)

20200 W Dixie Hwy.  
(Address)

Aventura FL 33180  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Hernandez at (954) 319 0378  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

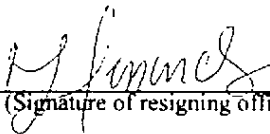
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Maria Hernandez, hereby resign as Officer, Pres.  
(Title)

of Bmy Transport Inc  
(Name of Corporation)

009000019433, 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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
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