P090000080254

(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



800305080168

10/30/17--01037--011

voc nn

SECRETARY OF STATE

DDRES

NOV - 1 2017 I ALBRITTON

TRANSMITTAL LETTER

CARRER	A MOTORS USA INC
SUBJECT: OADIALIA	(Name of Corporation)
DOCUMENT NUMBER: PO	99000080254
The enclosed Officer/Director Res	signation for a Corporation and fee are submitted for filing
Please return all correspondence c	oncerning this matter to the following:
JULIO N	IOLINA
(Name of Pe	erson)
JULIO M	OLINA PA
(Name of Firm/C	Company)
2002 CUR	RY RD
(Address	5)
ORLANDO), FL 32806
(City/State and 2	Zip Code)
For further information concerning	g this matter, please call:
JULIO MOLINA	A at (407) 228-4757 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 ma	ade 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

Amendment Section Division of Corporations

TO:

OFFICER / DÍRECTOR RESIGNATION FOR A CORPORATION

I. EDWARD DOMINGO CAB	RERA, hereby resign as	PD	
of CABRERA MOTO		(Title)	
P09000080254	f Corporation) _, a corporation organized unde	r the laws of the State of	
	grature of resigning officer/director	2017 9CT 30 PM 1:* SECRETARY OF SAN TALLAMASSEE, FLOR	i

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

FILING FEE IS \$35.00

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