

P09000099812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

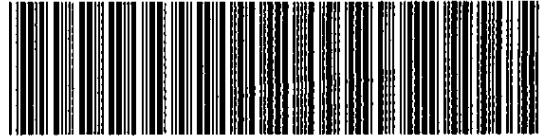
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500210223275

08/03/11--01005--016 **35.00

FILED
11 AUG -3 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Off Resign
Lewis
8-4-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ORL CARRIERS, INC.

(Name of Corporation)

DOCUMENT NUMBER: P09000099812

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

Please return all correspondence concerning this matter to the following:

ERROL RAMPERSAD

(Name of Person)

ORL CARRIERS, INC.

(Name of Firm/Company)

2379 ANDREWS VALLEY DR

(Address)

KISSIMMEE FL 34758

(City/State and Zip Code)

For further information concerning this matter, please call:

ERROL RAMPERSAD

(Name of Person)

at (407) 641-7589

(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**

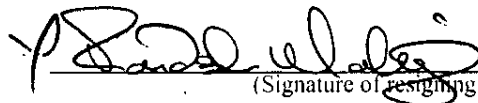
FILED
11 AUG -3 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, RANDESH MAHARAJ, hereby resign as PSTD
(Title)

of ORL CARRIERS, INC.
(Name of Corporation)

P09000099812, 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