## P0900009812

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	,
,		





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## TRANSMITTAL LETTER

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 Drive
(Address)
Kissimmee, FL 34758
(City/State and Zip Code)
For further information concerning this matter, please call:
Errol Rampersad 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 2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section Division of Corporations

TO:

CR2E044 (05.13)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, Kevin Rampersac	, hereby resign as (Title)
of ORL CARRIERS	
P09000099812	me of Corporation), a corporation organized under the laws of the State of
(Document Number, if known)	, a corporation organized under the taws of the State of

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