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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP		MAIL
(Bi	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
<b>.</b>	Office Use Or	nly



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## TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations** 

SUBJECT: NOBEL CARGO CUSTOMS, INC. (Name of Corporation)

DOCUMENT NUMBER: R1000090176

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

Please return all correspondence concerning this matter to the following:

<u>TUUVIEIRA NETO</u> (Name of Person) NOBEL CARGO COCOOMS, INC. (Name of Firm/Company) Address) (City/State and Zip Code)

For further information concerning this matter, please call:

<u>IUO VIEIRA NEO</u> (Name of Person) at (<u>305</u>) <u>341 - 0680</u> (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** 2661 Executive Center Circle Tallahassee, FL 32301



OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION
I, CLAUDINE PICCOLI, hereby resign as DIRECOR (Title)
of NOBEL CARGO SUSSEMC, INC. (Name of Corporation)
$\frac{21000040176}{(\text{Document Number, if known})}$ , a corporation organized under the laws of the State of
<u>CLORIOA</u>
(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