## P100093944

· (Address)						
(Address)						
(City/State/Zip/Phone #)						
(Business Entity Name)						
(Document Number)						
Special Instructions to Filing Officer:						

Office Use Only



800257892828

03/20/14--01023--020 \*\*35.00

14 MAR 20 AH 9:0
SECRETAIN SEE STAIR

MAR 21 2014

R. WHITE

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sisters Transportation INC  Olame of Corporation)  DOCUMENT NUMBER: 11000093944
DOCUMENT NUMBER: 11000093944
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Hereedes Ramos
(Name of Person)
Sistens Transportation INC (Name of Firm/Company)
11106 5W 1477 (Address)
Miami. Fl 33196
(City/State and Zip Code)
For further information concerning this matter, please call:
Harlene Ramos at 305 308 4849 (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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι,	Hercedes	Ramos	, hereby resign as	VP		
of		Trans	portation	(Title		,
	10000939 (Document Number, if k Florida	(Name of Corpora	tion) oration organized under			
		(Signature o	(resigning officer/director)	ALLA  Abbee	14 MAR 20 SLOW JANAS	1
		FILING I	FEE IS \$35.00	T CONTRACTOR	雅 9: 03 公司法	

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