P12000018418

(Re	equestor's Name))
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
STATE OF CORPORATIONS

DRS 12.12

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MY SONS HAULING CORP		
(Name of Corporation)		
DOCUMENT NUMBER: P12000018418		
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
VANESSA BRAVO		
(Name of Person)		
MY SONS HAULING CORP		
(Name of Firm/Company)		
13509 PRESTWICK DRIVE		
(Address)		
RIVERVIEW, FLORIDA 33579		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
VANESSA BRAVO at (954) 397-3257 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (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

I. VICTOR M BRAVO	, hereby resign as PRESIDENT
7 <u>**</u>	(Title)
of_MY SONS HAULING CORP	· · · · · · · · · · · · · · · · · · ·
(Name	of Corporation)
P12000018418 (Document Number, if known)	_, a corporation organized under the laws of the State of
FLORIDA	
	ignature of resigning officer/director) 12 MAR 30

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