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SECRETARY OF STATE

COVER LETTER

PLATINUM CARRIER INC SUBJECT: (Name of Corporation) P12000070561 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALBA E VIVAR (Name of Person) MIAMI DISPATCH & CARRIER SERVICES (Name of Firm/Company) 8040 NW 95 TH ST SUITE#106 (Address) HIALEAH GARDENS, FL 33016 (City/State and Zip Code) For further information concerning this matter, please call: ALBA E VIVAR (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: Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

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TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

hereby resign as PRESIDENT
(Title)
a)
tion organized under the laws of the State of

FILING FEE IS \$35.00

officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314