

P12000102844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

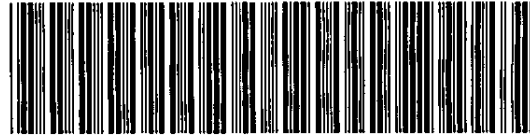
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AP CARRIER INC
(Name of Corporation)

DOCUMENT NUMBER: P12000102844

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

Please return all correspondence concerning this matter to the following:

PEDRO PONCE
(Name of Person)

AP CARRIER INC
(Name of Firm/Company)

7831 COUNTY DOWN CT
(Address)

ORLANDO, FL 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

PEDRO PONCE at (407) 300-5784
(Name of Person) (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

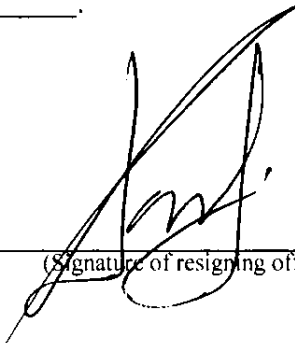
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JUAN M PONCE, hereby resign as SECRETARY
(Title)

of AP CARRIER INC
(Name of Corporation)

P12000102844, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

14 JUL 25 11 25 AM '14
SECRETARY OF STATE
CORPORATIONS DIVISION

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