

P13000000800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

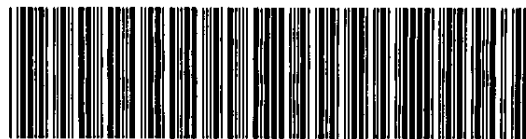
(Business Entity Name)

(Document Number)

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R. WHITE

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**Uribe-Delavalle Trucking Corp**

**SUBJECT:** \_\_\_\_\_  
(Name of Corporation)

**P13000000800**

**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:

**Gina Brin**

\_\_\_\_\_  
(Name of Person)

**Uribe-Delavalle Trucking Corp.**

\_\_\_\_\_  
(Name of Firm/Company)

**4300 NW 114th Ave**

\_\_\_\_\_  
(Address)

**Sunrise, FL 33323**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Gina Brin**

\_\_\_\_\_  
(Name of Person)

at **954 865-1434**

\_\_\_\_\_  
(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**

Ivan Humberto Sierra Uribe

President

I, \_\_\_\_\_, hereby resign as \_\_\_\_\_  
(Title)

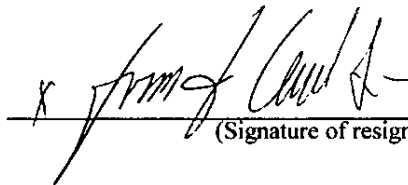
Uribe-Delavalle trucking Corp

of \_\_\_\_\_  
(Name of Corporation)

P13000000800

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

Florida

  
\_\_\_\_\_  
(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

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