

JUL-26-2013 11:50 From:

To: (850) 617-6380

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : VARGAS, PIEDRA & CO.
Account Number : I20070000148
Phone : (305) 671-0003
Fax Number : (305) 671-6263

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

13 JUL 26 AM 8:45

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
COMPLETE DISTRIBUTORS SERVICE CORP

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

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Handwritten signature and date: 7/26/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPLETE DISTRIBUTORS SERVICE CORP
(Name of Corporation)

DOCUMENT NUMBER: P13000021549

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

Please return all correspondence concerning this matter to the following:

NOEL MOLINA

(Name of Person)

(Name of Firm/Company)

6041 NW 38 ST

(Address)

VIRGINIA GARDENS, FL. 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

NOEL MOLINA

(Name of Person)

at **305** **331-0456**

(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

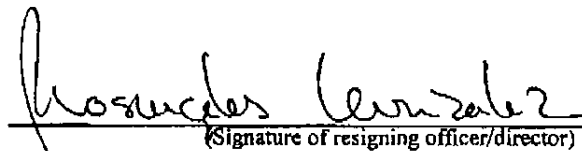
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2013 JUL 26 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROSANGELES GONZALEZ, hereby resign as P, V, S, T
(Title)

of COMPLETE DISTRIBUTORS SERVICE CORP
(Name of Corporation)

P13000021549, 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