

P 13000066947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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R. WHITE

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16 MAY -5 PM 2:23
STATE BAR OF FLORIDA
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: All Ride Transport Inc.

(Name of Corporation)

DOCUMENT NUMBER: P13000066947

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

Please return all correspondence concerning this matter to the following:

Bettye Jones

(Name of Person)

All Ride Transport Inc.

(Name of Firm/Company)

814 42nd Street

(Address)

West Palm Beach, FL 33407

(City/State and Zip Code)

For further information concerning this matter, please call:

Bettye Jones

(Name of Person)

at **561 863-5035**

(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, Gregory Jones, hereby resign as PVST & Director
(Title)

of All Ride Transport Inc.
(Name of Corporation)

P13000066947, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

(X) Gregory Jones
(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

FILED
16 MAY -6 PM 2:22
STATE OF FLORIDA
TALLAHASSEE, FLORIDA