

P130000 71357

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SECRETARY OF STATE.
ALLAHASSEE, FLORIDA.

AT THOUSED

T. LEMIEUX

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Alpha 1 Logistics inc. (Name of Corporation)
DOCUMENT NUMBER: P 1 3000071357
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frank (Name of Person)
(Name of Person)
(Name of Firm/Company)
• • •
1230 Serioro Terrace (Address) Valray 13ch Pl. 33446
(Address)
Voklay Bah PC. 33446
(City/State and Zip Code)
For further information concerning this matter, please call:
Trank Davies at (361) 312-6500 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Area Code & Daytime Telephone Number) (Name of Person) (Area Code & Daytime Telephone Number) (Area Code & Daytime Telephone Number)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center Circle
Tallahassee, FL 32314 Tallahassee, FL 32301

This Doc. was already Paris for.

TO: Amendment Section



June 17, 2014

FRANK O DAVIES 2NG MAILING 7230 SERRANO TERR DELRAY BEACH, FL 33446

SUBJECT: ALPHA 1 LOGISTICS INC

Ref. Number: P13000071357

We have received your document for ALPHA 1 LOGISTICS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document was missing I am sending you another document to fill out and resend for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 314A00011402

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Frank Oa	バの, hereby resign as	V.P.
		(Title)
of Alpha 1	Logishes	
(7)	ame of Corporation)	
4130000 71357	, a corporation organized under	er the laws of the State of
(Document Number, if known)		
Aorda.		

(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 SECRETARY OF STA

APPICOVED AND FILED