

P13000096905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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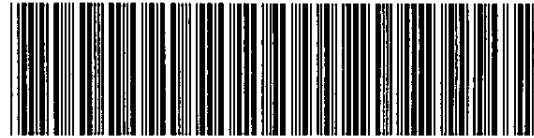
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 18 AM 10:21

C.L.
12-24-14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trasnlines Enterprises, Inc.

(Name of Corporation)

DOCUMENT NUMBER: P13000096905

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

Please return all correspondence concerning this matter to the following:

Oswaldo Pecci

(Name of Person)

Translines Enterrpises, Inc.

(Name of Firm/Company)

5375 NW 159St # 5045

(Address)

Hialeah, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

Oswaldo Pecci

(Name of Person)

at (305) 698-6556

(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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 18 AM 10:21

I, Michael P Kramer, hereby resign as Treasurer
(Title)

of Translines Enterprises, Inc.
(Name of Corporation)

P13000096905

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

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