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(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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TRANSMITTAL LETTER

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o:

TO: Amendment Section Division of Corporations
SUBJECT: AVMAYX EXPRESS INC (Name of Corporation)
DOCUMENT NUMBER: NON Z
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Seff HocH (Name of Person)
Self Hoch LL C (Name of Firm/Company)
11/3 Little Harbor way (Address)
Deerfield Beach, FL 3344/ (City/State and Zip Code)
For further information concerning this matter, please call:
Seff Hoc/A at (305 970-9/1/ (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, <u>Seff Hoc</u> H	, hereby resign as Vice President and Director (Title)
of AVMaXX EXPSE	of Corporation),
(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