

P15000039509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

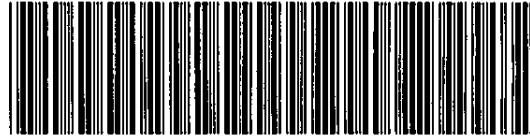
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600280058786

01/04/16--01022--006 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 JAN -4 PM 2:50

JAN - 8 2016  
C LEWIS

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CARRILLO & SON TRANSPORT INC  
(Name of Corporation)

DOCUMENT NUMBER: P-15000039509

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

Please return all correspondence concerning this matter to the following:

GABRIEL CARRILLO DATIZ  
(Name of Person)

CARRILLO AND SON TRANSPORT INC  
(Name of Firm/Company)

4131 SW 102ND CT  
(Address)

MIAMI, FL, 33165  
(City/State and Zip Code)

For further information concerning this matter, please call:

LAZARO M. CARRILLO at ( 786 ) 970 1555  
(Name of Person) (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

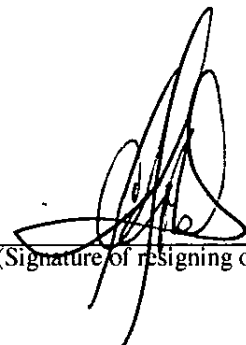
16 JAN -4 PM 2:50

I, GABRIEL CARRILLO ORTIZ hereby resign as : VP  
(Title)

of CARRILLO & SON TRANSPORT INC  
(Name of Corporation)

P-15000039509, 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