7/600000/127

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

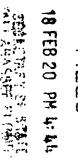
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02/20/18--01026--001 ++35.00

S TALLEN" FEB 21 2018



UD-Resign

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

GOSNIER RIVERA	CRU7	President hereby resign as(Title)	
I	hereby resign as	(Title)	
of GARCO MULTISE	ERVICES, INC,		
P16000004127 (Document Number, if known)	•	nder 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

18 FEB 20 PM 4: 4