

P110000034574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

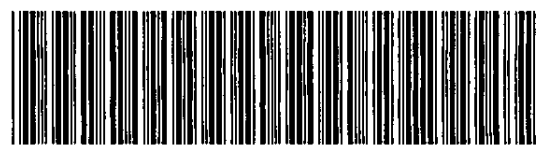
(Business Entity Name)

(Document Number)

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11/14/16--01050--023 \*\*70.00

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NOV 16 2016

R. WHITE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 NOV 14 PM 3:10  
P110000

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KATHLEEN TRANSPORT INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000034574

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**ALBA E VIVAR**

(Name of Person)

**MIAMI DISPATCH & CARRIER SERVICES**

(Name of Firm/Company)

**8040 NW 95TH ST STE 106**

(Address)

**HIALEAH GARDENS, FL 33016**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ALBA E VIVAR** at ( **305** ) **822-0255**  
(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

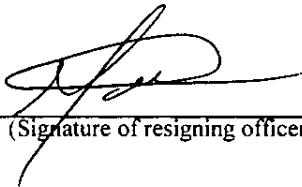
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, MANUEL LOPEZ, hereby resign as PRESIDENT  
(Title)

of KATHLEEN TRANSPORT INC  
(Name of Corporation)

P16000034574, 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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