

P110000034574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

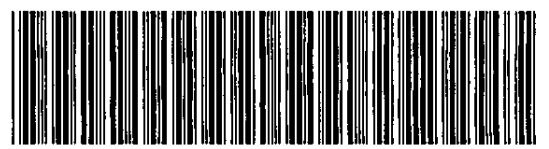
(Business Entity Name)

(Document Number)

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R. WHITE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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

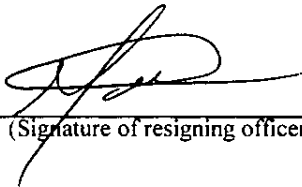
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

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

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