

P160000060200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

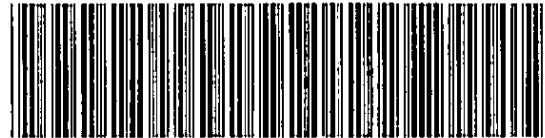
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RESIGNATION OF OFFICER  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P16000060200  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

JOSE MOLINA  
\_\_\_\_\_  
(Name of Person)

ALL IN AUTO CARRIER, INC  
\_\_\_\_\_  
(Name of Firm/Company)

1004 NEVILLE LN  
\_\_\_\_\_  
(Address)

ORLANDO, FL 32818  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

TROY BUCKNER  
\_\_\_\_\_ at ( 800 510-6716 )  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**

2022 JAN 27 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FL

I, AMBER SOTHERDEN, hereby resign as OFFICER-PRESIDENT  
(Title)

of ALL IN AUTO CARRIER INC  
(Name of Corporation)

P16000060200, 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