

PI7 000026339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

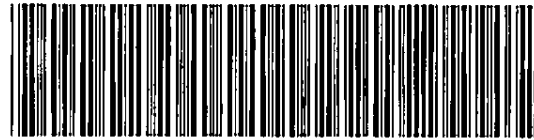
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OTC & Quality Distribution, CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P17000026339

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

Please return all correspondence concerning this matter to the following:

Maria Jovita Suarez

(Name of Person)

OTC & Quality Distribution, COF

(Name of Firm/Company)

1440 Gemini Blvd. Suite 4B

(Address)

Orlando, Florida 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

Gloria Choquette

(Name of Person)

at ( 407 ) 812-1218

(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

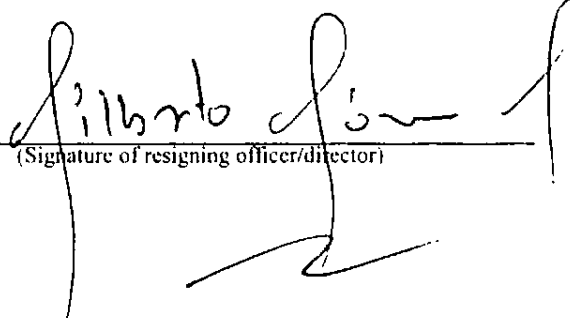
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Gilberto Gomez, hereby resign as President  
(Title)

of OTC & Quality Distribution, CORP  
(Name of Corporation)

P17000026339, 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

**FILED**  
**19 NOV -5 PM 2:18**  
STATE OF FLORIDA  
DEPARTMENT OF STATE