

P17000 100 269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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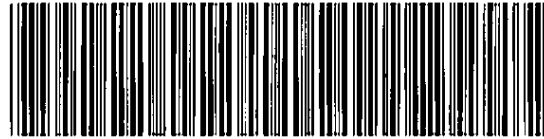
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Momentum Trans Inc
(Name of Corporation)

DOCUMENT NUMBER: P17000100269

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

Sherin Ahmed
(Name of Person)

Momentum Trans Inc
(Name of Firm/Company)

2207 saw palmetto Ln, Apt 104
(Address)

Orlando, FL 32828
(City/State and Zip Code)

For further information concerning this matter, please call:

Sherin Ahmed at (407) 760 0919
(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**

I, Sherin Ahmed, hereby resign as Director
(Title)

of Momentum Trans Inc.
(Name of Corporation)

P17000100269, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.

Sherin Ahmed
(Signature of resigning officer/director)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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