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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

Dlo Resignation

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TRANSMITTAL LETTER

SUBJECT: Resignation of Officers/Directors (Name of Corporation) DOCUMENT NUMBER: P18000068104 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susana Blanco (Name of Person) LOBAA LOGISTICS INC (Name of Firm/Company) 1720 sw 92 ct (Address) Miami, Fl, 33165 (City/State and Zip Code) For further information concerning this matter, please call: Alain Hernandez (Name of Person)

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

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Susana Blanco	Vice President hereby resign as	
I.,	nercoy resign as	(Title)
LOBAA LOGISTICS INC		· · · · · · · · · · · · · · · · · · ·
(Nam	e of Corporation)	
P18000068104 (Document Number, if known)	, a corporation organized under the l	aws of the State of
Florida	·	
	(Signandre of resigning officer/director) FILING FEE IS \$35.00	2023 FEB -6 PM 2: 36 SECRETARY OF SATE TALLAHASSEE FATE
	ETT19/Q LET 19 200/00	mi on

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314