

P18000090571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

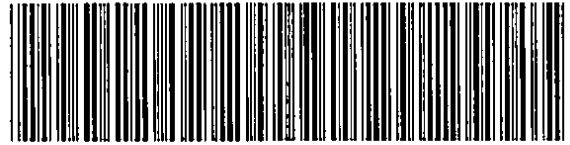
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18 DEC -5 PM 3:18
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REGISTRATION

old Resignation

DEC 10 2018
D CUSHING

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARIBEAN INTERNATIONAL TIRES INC

(Name of Corporation)

DOCUMENT NUMBER: P18000090571

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

Please return all correspondence concerning this matter to the following:

MELVIN D ORTIZ MEDINA

(Name of Person)

CARIBEAN INTERNATIONAL TIRES INC

(Name of Firm/Company)

449 HAMMERSTONE AVE

(Address)

HAINES CITY, FL 33844

(City/State and Zip Code)

For further information concerning this matter, please call:

MELVIN D ORTIZ MEDINA

(Name of Person)

at (**321**) **806-0235**

(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

FILED
DIVISION OF CORPORATIONS
18 DEC -5 PM 3:18

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, WILTON A ARISTY MEDINA, hereby resign as PRESIDENT
(Title)

of CARIBEAN INTERNATIONAL TIRES INC
(Name of Corporation)

P18000090571, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILED
16 DEC -5 PM 3:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

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