P200013902

(Requesto	's Name)
(Address)	
(Address)	
(City/State	(Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Filing Officer:	

Office Use Only



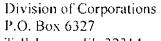
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02/16/24--01025--018 **35.00



TRANSMITTAL LETTER

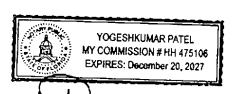
TO: Amendment Section Division of Corporations	
SUBJECT:	
	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Re	esignation for a Corporation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Kyle Robert Gafney	
(Name of P	erson)
Usl Tint	
(Name of Firm/	Company)
5301 south us1 federal Highway	
(Addres	SS)
Fort Pierce FL, 34982	
(City/State and	Zip Code)
For further information concerni	ng this matter, please call:
Kyle Robert Gafney	at (772) 262-2008 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 m	ade payable to the Florida Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section



Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



2/9/24 THE MBUZ FOOVIDED A DC-FC.

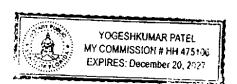
OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Kyle Robert Gafney	Officer . hereby resign as
	(Title)
Usl Tint of	
	(Name of Corporation)
(Document Number, if known)	, a corporation organized under the laws of the State of
Florida	
ing 6	(Signature of regigning 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



2/9/24 THE ABOVE PROVIDED A DC-FC