P21000078356

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

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C. BRUMBLEY APR 1 2 2022

TRANSMITTAL LETTER

SUBJECT: SW TRAWSPOR	(Name of Corporation)
_	
DOCUMENT NUMBER: P 21 000	078356
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Suzzy Cyni Coute (Name of Person)	<u> </u>
Vicepresident (Name of Firm/Company)	
(3721 SW 14 ST (Address)	
City/State and Zip Code)	
For further information concerning this ma	itter, please call:
Suzel Cun; Couto (Name of Person)	at (784) 364 8812. (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payab	ole to the Florida Department of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Amendment Section Division of Corporations

TO:

P.O. Box 6327

Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι, _	Suzer	<u> Cuni</u>	COUTS	, hereby resig	gn as	ازده ٢٠٠	<u>. 51'd-</u> 8	int	
							(Title)		
of_	Sw	TRANS	(Name of Co	Secrice	Lom	PANU	 	_	·
P		72356 Number, if knov	, a (corporation organiz	zed under	the laws o	the Sta	ite of	
_	FLORY	dr.	·						
							· · .	20	
			(D 'f				2022 HAR 2	<u> </u>
			(Signat	ure of resigning office	r/director)			9 AM	
								9: 09	

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