

P22000079885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

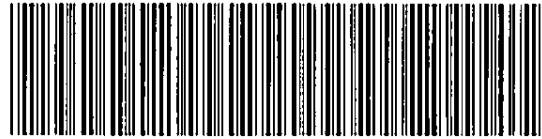
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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Caribe Construction Equipment Inc.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P22000079885  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Santos R Munoz  
\_\_\_\_\_  
(Name of Person)

Caribe Construction Equipment Inc.  
\_\_\_\_\_  
(Name of Firm/Company)

9150 NW 87th Avenue  
\_\_\_\_\_  
(Address)

Medley, FL 33178  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Santos R Munoz at (786) 299-4108  
\_\_\_\_\_  
(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:**

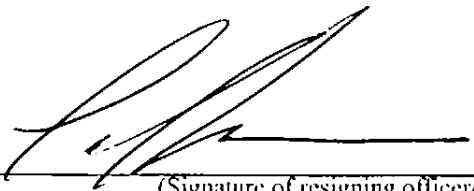
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Carlos Salazar, hereby resign as President  
(Title)

Of Caribe Construction Equipment Inc.  
(Name of Corporation)

P22000079885, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

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STATE OF FLORIDA  
TALLAHASSEE

**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