

P94000014830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

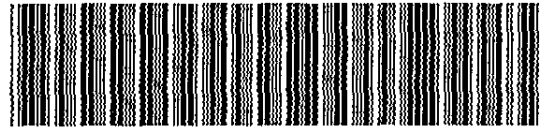
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TAMMSEFER, GA

P94000014830  
358 O/D/Ret  
02-8-03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Casino Limousines, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000014830

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

RAFAEL FERNANDEZ  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

4143 SW 74 CT, Ste. C  
(Address)

Miami, FL 33155  
(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL FERNANDEZ at ( 305 ) 265-8885  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

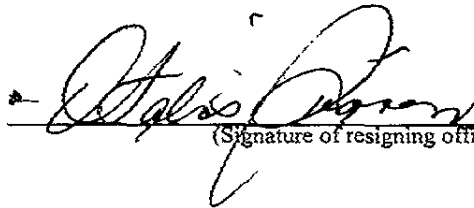
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Odalis Suarez, hereby resign as President  
(Title)

of Casino Limousines, Inc.  
(Name of Corporation)

P94000014830, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 AUG -8 PM 1:10

**FILED**

**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