

P95000092817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

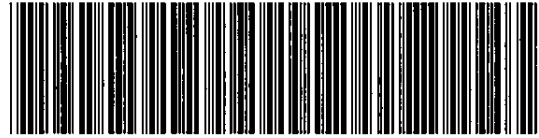
(Document Number)

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2009 DEC -2 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

off. Resign.

TB

DEC 10 2009

Date:

11-30-09

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Officer/Director Resignation for a Corporation

To whom it may concern:

I have included with this letter your form referenced above to remove my name from the corporation known as Northside Trucking and Equipment, Inc.

I am not nor will I be an officer and/or director of this corporation effective December 1, 2009.

Please remove my name as of Dec. 1, 2009.

Thank you,
Joseph R. Labrada

COVER LETTER

To: Amendment Section
Division of Corporations

SUBJECT: NORTHSIDE TRUCKING AND EQUIPMENT, INC.

DOCUMENT NO. : P95000092817

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

Joseph R. Labrada
408 Garth Court
Apopka, FL 32712

For further information concerning this matter, please call:

Joseph R. Labrada @ 407 843 3896
or
David D. Steward @ 407- 849- 0643

Enclosed is check # 1019, in the amount of \$35, made payable to the Florida Department of State for the resignation filing/processing fee.

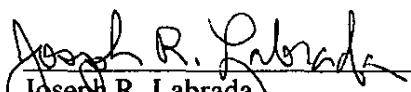
RESIGNATION


I, **JOSEPH R. LABRADA**, do hereby tender my resignation effective December 1, 2009, as an Officer/Director of **NORTHSIDE TRUCKS AND EQUIPMENT, INC.**, document number P95000092817, a corporation.

I understand that this resignation is being made in accordance with the laws of the state of Florida. I make this resignation of my own free will and have not been coerced in any way.

David D. Steward hereby agrees and consents to said resignation and assumes any and all responsibility and liability of **NORTHSIDE TRUCKS AND EQUIPMENT, INC.**

Dated: 11-30-09


Joseph R. Labrada


David D. Steward

Filing Fee: \$35.00

Make check payable to: Florida Department of State

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TALLAHASSEE, FLORIDA