## P96000012942

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Special instructions to	r imig officer.	

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## TRANSMITTAL LETTER

CARGOLAND AIR & OCEAN CA	RGO INC	
CARGOLAND AIR & OCEAN CA SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER: P96000012942		
The enclosed Officer/Director Resignation	for a Corporation and fee are submitted for filing.	
Please return all correspondence concernin	ng this matter to the following:	
SUSANA OLMO		
(Name of Person)		
CARGOLAND AIR & OCEAN CARGO INC		
(Name of Firm/Company)	<del></del>	
2762-2764 NW 112 AVE		
(Address)		
DORAL FL 33172		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
SUSANA OLMO	305 477-2998	
(Name of Person)	at ( ) 477-2998 (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made payal	ole to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

**TO:** Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Alberto enrqiue abrante	officer		
	officer, hereby resign as(Titl	e)	
CARGOLAND AIR & OCEAN CARC	GO INC		
(Na	me of Corporation)	·	
P96000012942	, a corporation organized under the laws of the	State of	
(Document Number, if known)			
FLORIDA			
	OOL OOOL (Signature of resigning officer/director)	2022 NUG 27 PH 1: 20	
	FILING FEE IS \$35.00		
Make checks payab	ele to Florida Department of State and mail to:		

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