(Requestor's Name)	
(Address)	800294897158
(Address)	000294097100
(City/State/Zip/Phone #)	
	02/03/1701007014 **35.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	17 FE
Special Instructions to Filing Officer:	
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TRANSMITTA	L LETTER
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TO: Amendment Section Division of Corporations

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

Please return all correspondence concerning this matter to the following:

TO USEIRA NECO (Name of Person)

NOBEL CARGO SYSTEMS, INC. (Name of Firm/Company)

850/ NW 17 SFREEG, +103 (Address)

MiAm, CL 33126 (Citv/State and Zip Code)

For further information concerning this matter, please call:

<u>Name of Person</u> at <u>(305)</u> <u>371.0680</u> (Area Code & Davtime 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 2661 Executive Center Circle Tallahassee, FL 32301



FILING FEE IS \$35.00

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Make checks payable to Florida Department of State and mail to:

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