## D99000099489

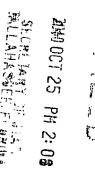
(Re	questor's Name)	)
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
Ţ		
	Office Use O	nly 26/1



600186723806

10/25/10--01009--014 \*\*35.00

offer S



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: LILO EQUIPMENT RENTAL INC
(Name of Corporation)
DOCUMENT NUMBER: P99000099489
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSE M MORALES
(Name of Person)
LILO EQUIPMENT RENTAL INC
(Name of Firm/Company)
1787 SW 67TH AVE
(Address)
MIAMI, FL 33155
(City/State and Zip Code)
For further information concerning this matter, please call:
JOSE M MORALES  (Name of Person)  at (305) 266-4944  (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

TO:

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,SANTIAGA Z MORALES	, hereby resign as PRESIDENT/DIRECTOR (Title)	
of LILO EQUIPMENT RENTAL IN	of Corporation),	
P9900099489 (Document Number, if known)	_, a corporation organized under the laws of the State of	
FLORIDA	_·	
(S)	yorales gnature of resigning officer/director)	***************************************

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