V09145

(Requestor's Name)		
(Address)		
(Address)		
,		
(City/State/Zip/Phone #)	·	
(Oity/State/Zip/Filone #)		
PICK-UP WAIT	MAIL	
•	1	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of State	JS	
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Special Instructions to Filing Officer:		
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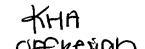
Office Use Only



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SECRETARY OF STATE
LAEFALIASSEE FERDING.



COVER LETTER

TO: Amendment Section Division of Corporations

BLT HALLING IN	IC.
SUBJECT: BLT HAULING, IN	(Name of Corporation)
DOCUMENT NUMBER:V09	2165
The enclosed Officer/Director Res	ignation for a Corporation and fee are submitted for filing
Please return all correspondence co	oncerning this matter to the following:
JOEL BAUM	
(Name of Per	rson)
BAUM & COMPANY, P.A.	
(Name of Firm/C	ompany)
1515 UNIVERSITY DRIVE - S	UITE 226
(Address	
CORAĻ SPRINGS, FLORIDA	3307
(City/State and Z	ip Code)
For further information concerning	this matter, please call:
JOEL BAUM	at (954) 899-1712
(Name of Person)	at (954) 899-1712 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mag	de 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, hereby resign as DIRECTOR
Title)
,
e of Corporation)
, a corporation organized under the laws of the State of
•
Signature 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