## 353030

(Requestor's Name)					
(Address)					
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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: PENSACOLA TERMINALS, INC.		
(Name of Corp	poration)	
DOCUMENT NUMBER: 353030		
The enclosed Resignation of Registered Agent for a Cor	rporation and fee are subr	nitted for filing.
Please return all correspondence concerning this matter	to the following:	
THOMAS M. BIZZELL		
(Name of Person)		
BIZZELL, NEFF & GALLOWAY, P.A.		
(Name of Firm/Company)	<del></del>	
P.O. BOX 12346 _		
(Address)		
PENSACOLA, FL 32591		
(City/State and Zip Code)	<del></del> <del>*</del> =	a .
For further information concerning this matter, please or	all:	
THOMAS M. BIZZELL at ( 850	434-5574 Code & Daytime Telephone	
		<del></del>

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

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## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the pro	ovisions of sections 6	07.0502(2), 6	17.0502(	2), 607.15	509, or 617	'.1509 <b>,</b>
Florida Statutes, th	ne undersigned, Th	HOMAS M. B	Name of I	Registered /	A gent	<del></del>
			-	• .	- '	
hereby resigns as I	Registered Agent for	PENSACO	LA TERI	MINALS,	, INC.	9
	-		(Name o	f Corporati	on)	
353030						
(Document N	lumber, if known)		` <u></u>	<del>-</del> -		
A copy of this resi	gnation was mailed t	o the above lis	sted corpo	oration at	its last kno	own address.
The agency is term this statement is fi	ninated and the office led.	discontinued	on the 31	st day afi	ter the date	on which
-	(Ši	gnature of Resign	ning Agent	) [ ]		
If signing on behal	f of an entity:			- -		
-	- (	Typed or Printed	Name)	<u></u>	. —	ş
-	<del>.</del>	(Capacity	).	\$		27 58 -1
		g this docum		-		A B S CO

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/