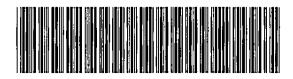
# F0000 001 148

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	fdress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	<u>.</u>	





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RARES

JAN 2 9 2020 I ALBRITTON

### **COVER LETTER**

SUBJECT: (Name of Corporat	ion)
DOCUMENT NUMBER:F00000007148	
The enclosed Resignation of Registered Agent for a Corpor	ation and fee are submitted for
Please return all correspondence concerning this matter to t	he following:
RESIGNATION SECTION	
(Name of Person)	-
CORPORATION SERVICE COMPANY	
(Name of Firm/Company)	_
80 STATE STREET	
(Address)	_
ALBANY NY 12207	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
RESIGNATION DEPARTMENT 518	433-7018
(Name of Person) at (Area Code	& Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### **Mailing Address:**

TO: Amendment Section

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

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	ns 607.0502(2), 617.0502(2), 607.1509, 6F 617.1509,		
Florida Statutes, the undersigned,	CORPORATION SERVICE COMPANY		
	(Name of Registered Agent)		
hereby resigns as Registered Agent	for NEW ENGLAND MOTOR FREIGHT, INC. (Name of Corporation)		
neredy resigns as Registered Agent	(Name of Corporation)		
F00000007148			
(Document Number, if known)	<del></del>		
A copy of this resignation was mail	led to the above listed corporation at its last known address.		
The agency is terminated and the o this statement is filed.	ffice discontinued on the 31st day after the date on which		
R	(Signature of Resigning Agent)		
If signing on behalf of an entity:			
BY ROBIN MOLT	20		
	(Typed or Printed Name)		
ASST SECRETARY	(Typed or Printed Name)  SECNC JARCE SECNC		
	(Capacity)  AH 8: 24		
Fee for	filing this document:		
	Active Corporation		

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/