

F030000000773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Withdrawal

12/01/03--01056--018 \*\*52.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DP  
12/5/03

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LD Trucking Incorporated  
(Name of corporation)

**DOCUMENT NUMBER:** F03000000773

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Michael S. Croft

(Name of Person)

LD Trucking Incorporated

(Firm/Company)

801 International Parkway 5th Floor

(Address)

Lake Mary, FL 32746

(City/State and Zip code)

For further information concerning this matter, please call:

Jeff Croft

(Name of Person)

at ( 407 ) 562-1425

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**

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

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

LD Trucking Incorporated

(Name of Corporation)

F03000000773

(Document Number of Corporation (if known))

Nevada

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:


801 International Parkway 5th Floor

(Mailing Address)

Lake Mary, FL 32746

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

 **PRESIDENT**  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**11-24-03**  
(Date)

Michael S. Croft

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**

FILED  
DEC - 1 PM 3:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA