F05000002279

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: FORWARD BUS TRANS, INC. (Name of Corporation)
DOCUMENT NUMBER: F0500002279
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
NORTELLE J. WILLIAMS - BRYAN (Name of Person)
ADVANCED ACCOUNTING SERVICES, INC. (Name of Firm/Company)
1583 E SILVEK STAR LD STE 20C (Address)
OCOGE FC 34761 (City/State and Zip Code)
For further information concerning this matter, please call:
NOLTELLE J. WILLIAMS-BRYAN at (407) 578-9797 (Name of Person) (Area Code & Daytime Telephone Number)
(rante of retson) (rates code of Dajame releptions runner)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

. RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

rursuant to the provisions of sections 607.0302(2), 617.0302	(2), 007.13	009, OF 017.1	.309,		
Florida Statutes, the undersigned, NORTELLE J. (Name of hereby resigns as Registered Agent for FORWARD (Name	WILLIA Registered	MS-BR	YAN		
(Name of	(Name of Registered Agent)				
hereby resigns as Registered Agent for FORWALO	BUS	TRANS	INC.	.	
(Name of Corporation)					
F05000002279					
(Document Number, if known)					
(200)========					
A copy of this resignation was mailed to the above listed corp	oration at	its last know	m address.		
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The agency is terminated and the office discontinued on the 3	1st day aft	er the date o	n which		
this statement is filed.	ist day ait	er the date o	ii wiiicii		
this statement is fined.					
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Wil Ci-	12				
(Signature of Resigning Ager	□				
(5.55 1.50.55 1.51	"//				
If signing on behalf of an entity:					
is signing on ochair or an entity.			= _		
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N/A			5 8	there's	
(Typed or Printed Name)		 	E	er Tir	
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				21977	
(Capacity)			AM II: 35 Siair E florid). Name	

Fee for filing this document:

\$87.50 - Active corporation
\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

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