F16000004929

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| , |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
TALLAHASSEE

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COVER LETTER

| TO: | Amendment Section Division of Corporations | | |
|---|--|--|--|
| SUBJE | ECT: BATTLE'S TRANSPORTATION, INC. OF WASHINGTON, DC | | |
| (Name of Corporation) | | | |
| DOCU | MENT NUMBER: F16000004929 | | |
| The en | closed Resignation of Registered Agent for a Corporation and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Emi | ly Smith | | |
| | (Name of Person) | | |
| PARACORP INCORPORATED | | | |
| | (Name of Firm/Company) | | |
| PO BOX 160568 | | | |
| | (Address) | | |
| SAC | CRAMENTO CA 95833 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | | |
| Emi | (Name of Person) at (800) 533.7272 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, | | |
|---|--|--|
| Florida Statutes, the undersigned. PARACORP INCORPORATED | | |
| (Name of Registered Agent) | | |
| hereby resigns as Registered Agent for BATTLE'S TRANSPORTATION, INC. OF WASHINGTON, DC | | |
| (Name of Corporation) | | |
| F1600004929 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed to the above listed corporation at its last known address. | | |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. | | |
| (Signature of Resigning Agent) | | |
| If signing on behalf of an entity: | | |
| JODY MOUA | | |
| (Typed or Printed Name) | | |
| ASST. SECRETARY FOR PARACORP INCORPORATED | | |
| (Capacity) | | |

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

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