## F23000005780

(Requestor's Name)
(Address)
(6.17)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky Name)
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## **COVER LETTER**

	ment Section n of Corporations			
SUBJECT: T	RUCKBAYS			_
DOCUMENT	NUMBER: F2300	(Name of Corporat 0005780	ion)	<del>-</del>
The enclosed F	esignation of Registe	ered Agent for a Corpor	ation and fee are submitted fe	or filing.
Please return a	l correspondence cor	ncerning this matter to t	he following:	
Vanessa	a Flanagan (Name of Perso	on)	-	
PARAC	ORP INCO (Name of Firm/Cor	RPORATED	-	
PO BO	(160568 (Address)		-	
SACRA	MENTO CA (City/State and Zip		-	. 2
For further info	rmation concerning t	his matter, please call:	IXI	024 N SECF
Vanessa	A Flanagan (Name of Person)	at ( <u>800</u>	533.7272 Se & Daytime Telephone Numbér	ZOZI NOV 25 AM SECRETARY GO
Enclosed is a e or \$35.00 for a	neck made payable to a administratively dis	the Florida Departmen solved, voluntarily diss	at of State for \$87.50 for an according to the state of withdrawn corporations.	ctive corporation
Street Address Amendment Sc Division of Co Clifton Buildin 2661 Executive Tallahassee, FL	ction porations g Center Circle	Mailing Address: Amendment Section Division of Corporatio 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 TRUCKBAYS INC.  (Name of Corporation)
(Name of Corporation)
F23000005780
(Document Number, if known)
(170Current Nutroet, 11 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:
Abigale Peterson
(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Fee for filing this document:  \$87.50 - Active Corporation  \$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation
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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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