

# F95000001966

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

FILED  
99 JUN -4 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CROSS COUNTRY AUTO. TRANSPORT, INC.  
(Corporation Name) (Document #)

2. CROSS COUNTRY AUTO TRANSPORT, INC.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #) *resignation of*

4. \_\_\_\_\_  
(Corporation Name) (Document #) *Officer*

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS                          |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/>            | Amendment                             |
| <input checked="" type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/>            | Change of Registered Agent            |
| <input type="checkbox"/>            | Dissolution/Withdrawal                |
| <input type="checkbox"/>            | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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-06/04/99--01057--006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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800002895178--0  
-06/04/99--01057--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

FILED  
99 JUN -4 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF Miami-Dade

I, Luis V. Deville after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, Luis V. Deville hereby resign as President/Director of  
(Title)  
Cross Country Auto Transport, Inc., a Florida corporation;  
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

Signature of resigning officer/director

Sworn to and subscribed before me this 2nd day of June 1999

NOTARY PUBLIC

Indalecio Gonzalez  
My Commission CC838201  
Expires June 23, 2003

My Commission Expires: \_\_\_\_\_

FILING FEE IS \$35.00