F9800000682

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		:





300077463393

07/18/06--01008--004 **87.50

Phos

06 JUL 18 AM 7:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

SUBJECT:	Division of Corporations
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: Michael J. Marees, Esq. (Name of Person) Joseph & Marees, P.A. (Name of Firm/Company) 4035 Atlantic Boulevard (Address) Jacksonville, FL 32207 (City/State and Zip Code)	
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: Michael J. Marees, Esq. (Name of Person) Joseph & Marees, P.A. (Name of Firm/Company) 4035 Atlantic Boulevard (Address) Jacksonville, FL 32207 (City/State and Zip Code)	
Please return all correspondence concerning this matter to the following: Michael J. Marees, Esq. (Name of Person) Joseph & Marees, P.A. (Name of Firm/Company) 4035 Atlantic Boulevard (Address) Jacksonville, FL 32207 (City/State and Zip Code)	CUMENT NUMBER: F98000000682
Michael J. Marees, Esq. (Name of Person) Joseph & Marees, P.A. (Name of Firm/Company) 4035 Atlantic Boulevard (Address) Jacksonville, FL 32207 (City/State and Zip Code)	e enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing
Michael J. Marees, Esq. (Name of Person) Joseph & Marees, P.A. (Name of Firm/Company) 4035 Atlantic Boulevard (Address) Jacksonville, FL 32207 (City/State and Zip Code)	ase return all correspondence concerning this matter to the following:
(Name of Person) Joseph & Marees, P.A. (Name of Firm/Company) 4035 Atlantic Boulevard (Address) Jacksonville, FL 32207 (City/State and Zip Code)	
(Name of Person) Joseph & Marees, P.A. (Name of Firm/Company) 4035 Atlantic Boulevard (Address) Jacksonville, FL 32207 (City/State and Zip Code)	Michael J. Marees. Esq.
(Name of Firm/Company) 4035 Atlantic Boulevard (Address) Jacksonville, FL 32207 (City/State and Zip Code)	
(Name of Firm/Company) 4035 Atlantic Boulevard (Address) Jacksonville, FL 32207 (City/State and Zip Code)	
4035 Atlantic Boulevard (Address) Jacksonville, FL 32207 (City/State and Zip Code)	Joseph & Marees, P.A.
(Address) Jacksonville, FL 32207 (City/State and Zip Code)	(Name of Firm/Company)
(Address) Jacksonville, FL 32207 (City/State and Zip Code)	
Jacksonville, FL 32207 (City/State and Zip Code)	4035 Atlantic Boulevard
(City/State and Zip Code)	(Address)
(City/State and Zip Code)	
	Jacksonville, FL 32207
For further information concerning this matter, please call:	(City/State and Zip Code)
\cdot	further information concerning this matter, please call:
Michael J. Marees 904 636-8600 at ()	at ()
(Name of Person) (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

CR2E046(08/05)

TO:

Amendment Section

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, Michael J. Marees
(Name of Registered Agent)
nereby resigns as Registered Agent for Core Carriers, Inc,
(Name of Corporation)
F9800000682
(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 his statement is filed.
Muchof & Man
(Signature of Resigning Agent)
f signing on behalf of an entity:
CE SU TE CONTRACTOR DE LE CONTRACTOR DE
(Typed or Printed Name)
(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