

F980000005373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

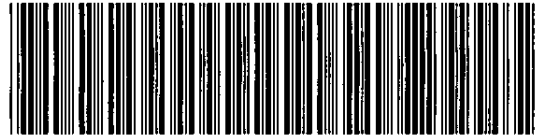
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600122444676

04/11/08--01038--007 \*\*87.50

RA Resign

RECEIVED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

08 APR 11 AM 8:24

FILED

T. Roberts APR 17 2008

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SANTA FE WESTERN HOLDINGS, INC.  
(Name of Corporation)

DOCUMENT NUMBER: F98000005373

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:

JOSE E MEDINA JR.  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

4962 SW 9137 WAY  
(Address)

GAINESVILLE, FL 32608  
(City/State and Zip Code)

For further information concerning this matter, please call:

MANAGER at (352) 373 6800  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
08 APR 11 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, JOSE E MEDINA JR  
(Name of Registered Agent)

hereby resigns as Registered Agent for SANTA FE WESTERN HOLDINGS, INC.  
(Name of Corporation)

F98000005373

(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.

Jose E Medina Jr  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(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