



**CAPITOL
SERVICES**

July 6, 2007

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: IFCO SYSTEMS MIAMI, INC.

Dear Filing Officer:

Enclosed please find Resignation of Registered Agent filing forms for the above referenced names, which are to be filed in your office at your earliest convenience. Enclosed is check # 13453 in the amount of **\$35.00** for the filing fees. Once filed, please return the file-stamped copies in the self-addressed envelope. If you have any questions please contact the undersigned at (800) 345-4647.

Sincerely,

Mary Ann Quick

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IFCO SYSTEMS MIAMI, INC.
(Name of Corporation)

DOCUMENT NUMBER: F9000006046

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:

Mary Ann Quick
(Name of Person)

Capitol Corporate Services, Inc.
(Name of Firm/Company)

800 Brazos, Suite 400
(Address)

Austin, Texas 78701
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Ann Quick at (800) 345-4647
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, Capitol Corporate Sevices, Inc.
(Name of Registered Agent)

hereby resigns as Registered Agent for IFCO SYSTEMS MIAMI, INC.
(Name of Corporation)

F9000006046
(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:

Cheryl Roberts
(Typed or Printed Name)

President
(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