P98000006844

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CORDIN TRANSPORT, INC.		
(Name of corporation)		
DOCUMENT NUMBER: F98000006844		
The enclosed withdrawal application and fee are submitted f	or filing.	
Please return all correspondence concerning this matter to the following:		
Lisa A. Thomason		
(Name of Person)		
Allied Holdings, Inc.		
(Firm/Company)		
160 Claremont Avenue Suite 200		
(Address)		
Decatur, GA 30030		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Lisa A. Thomason at (404) 687-5670	
(Name of Person) (Area	Code & Daytime Telephone Number)	
STREET ADDRESS: Amendment Section Division of Corporations	MAILING ADDRESS: Amendment Section Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL. 32399	Tallahassee, FL. 32314	

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

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CORDIN TRANSPORT, INC.

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F98000006844	<u> </u>	-
(Document Number of Corporation (if known)	A A	
Michigan		
(Incorporated Under Laws of)	10 A	
This corporation is no longer transacting business or conducting affairs within the State of Flovoluntarily surrenders its authority to transact business or conduct affairs in Florida.	orida and he	reby
This corporation revokes the authority of its registered agent in Florida to accept service of appoints the Department of State as its agent for service of process based on a cause of action a time it was authorized to transact business or conduct affairs in Florida.		
The following is a current mailing address for the corporation:		
c/o Allied Holdings, Inc. 160 Clairemont Avenue Suite 200 (Mailing Address)		
Decatur, GA 30030 (City/State/Zip)	_	
The corporation agrees to notify the Department of State in the future of any change in its maili	ing address.	
Signature of 1 director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)		_
David A. Rawden (Typed or printed name of person signing) (Title of person signing)		_

FILING FEE \$35