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SECRETARY OF STATE
LLAHASSEE, FI ORION

M SEP 29 P 2: 4

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Gold Coast Transportation, LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L03000026148 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are for filing. Please return all correspondence concerning this matter to the following:	submitted
Ismael O. Sene (Name of Person) Gold Coast Transportation, LLC (Name of Firm/Company) 13833 Wellington Trace E4 #218 (Address) Wellington, FL, 33414	
(City/State and Zip Code) For further information concerning this matter, please call:	
Ismael O. Sene at (561) 722-9490 (Area Code & Daytime Telephone Number)	
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an activaliability company or \$25.00 for an administratively dissolved, voluntarily dissolved or with limited liability company.	ve limited drawn

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509	, Florida Statutes, the undersigned,
William Paul Prescott Jr.	, hereby resigns as
(Name of Registered Agent)	,,
Registered Agent for Gold Coast Transportation	on, LLC
(Name of Limited Liability C	ompany)
L03000026148	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed lin	nited liability company at its last known address.
The agency is terminated and the office discontinued on the	3/1st flay after the date on which this statement is filed
(Signature of Re	W Uscott Sesigning Agent)
If signing on behalf of an entity:	esigning Agent) SECRETARY LLAHASSEE
(Typed or Printed	Name)
(Capacity)	RED.

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314