

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAW OFFICES OF CEASAR MESTRE JR.

Account Number :

120070000140

Phone

(305)824-9032

Fax Number

: (305)824-9442

REGISTERED AGENT RESIGNATION

SOUTH FLORIDA TRANSPORT, LLC

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10/28/2008

https://efile.sunbiz.org/scripts/efilcovr.exe

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.509), Florida Statutes, the unde	rsigned,	
CEASAR MES	TRE, JR., ESQ.	, hereby resi	gns as	
•	lame of Registered Agent)		_	
Registered Agent for SC	OUTH FLORIDA T	RANSPORT, LI	LC, a	
Florida limited	liability company			
	(Name of Limited Liability (Company)		
<u>L0700006468</u> (Document Number,			•	
A copy of this resignation	was mailed to the above listed li	mited liability company at i	its last known address.	
The agency is terminated a	• •	e 31st day after the date on Resigning Agent)	TALL.	- C - C - C - C - C - C - C - C - C - C
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	(Typed or Printer	i Name)		1
-	(Capacity)		H 2: 10	-
	FILING FEES: \$ 85.00 Active lim \$ 25.00 Administry withdrawn	uited liability company atively dissolved/voluntari n limited liability company	ily dissolved/	

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

INHS17 (08/05)