L12000110481

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(140	uiess)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
_	_	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	-	
r· ·		
Special Instructions to I	Filing Officer:	

Office Use Only



600415377906

09/12/23--01011--001 ++35.00

1:51

نہ ، .

COVER LETTER

TO: Amendment Section Division of Corporations	
COREMAX TRANSPORT, LLC SUBJECT:	
(Name of Corporati	on)
DOCUMENT NUMBER: L12000110481	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
TURNER, MAXINE	
(Name of Person)	
(Name of Firm/Company)	
4712 SUBURBAN PINES DRIVE	
(Address)	
LAKE WORTH, FL 33463	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MAXINE TURNER at ()
(Name of Person) (Area Code)& Daytim: 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	607.0503(2), 617.0502(2), 607.1509, or 617.	.1509.
Florida Statutes, the undersigned,	Aubin Robinson & Associates, PA	
Tionaa statutes, the anaetsigned,	(Name of Registered Agent)	
hereby resigns as Registered Agent for	COREMAX TRANSPORT, LLC	
nevery resigns as Registered Agent for	(Name of Corporation)	
L12000110481		
(Document Number, if known)	_	
-	o the above listed corporation at its last known of the above listed corporation at a state of the above listed corporation at its last known of the above listed corporation at its last known of the above listed corporation at its last known of the above listed corporation at its last known of the above listed corporation at a state list known of the above listed corporation at a state list known of the above listed corporation at a state listed corporation at a state lis	
(S	ignature of Resigning Agent)	
If signing on behalf of an entity:		3
Aubin W. Robinso	on for Aubin Robinson & Associates, PA	-
	(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