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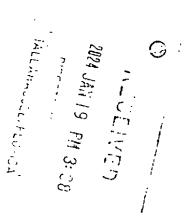
	(Requestor's Name)	
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- -	(City/State/Zip/Phone #)	
PICK-UP	wait	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	605.0115, Florida Statutes, the undersigned,	
Your Capiti	AL CONNECTION Thereby resigns as	
Mame of Regis	tered Agent	1 /
Registered Agent for	y Street Transport	<u>L</u> U
Nan	ne of Limited Liability Company	,
<u>L19 000 21</u> Document Number, if known	7022	
A copy of this resignation was mailed	to the above listed limited liability company at its last known addres	is.
The agency is terminated and the offic	e discontinued on the 31st day after the date on which this statement	is filed.
If signing on behalf of an entity:	V	
Your. Clie	Typed or Printed Name ON CCTION INC. The Control of Capacity	? - •
FIL \$.85 \$.25	The state of the s	<u> </u>
Make checks p	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	, 0