L62807

(Requestor's Nam	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	ane #)
PICK-UP WAIT	MAIL
(Business Entity)	Name)
(Document Numb	er)
Certified Copies Certifica	ites of Status
Special Instructions to Filing Officer:	

Office Use Only



800041807018

10/26/04--01098--008 **122.50

O4 OCT 29 PM 4: 37

10. 9 20 M

TRANSMITTAL LETTER

	ndment Section tion of Corporations						
SUBJECT:	CONTINENTAL	TRANS-	CARGO, IN	С.			
56 262 611_		, (N	lame of Corpor	ation)			_
DOCUMEN	T NUMBER: L6	2807					_
The enclosed	l Resignation of Reg	gistered Age	ent for a Corpo	oration and	d fee are	submitted f	or filing.
Please return	all correspondence	concerning	this matter to	the follow	ving:		
	•	Č			-		
ORLANDO		···					
	(Name of I	Darcon I		-			
	(Manie Ot I	Claulij					
CONTINE	NTAL TRANS -C		NC.				
CONTINE		ARGO, II	NC.	 -			
	NTAL TRANS -C	ARGO, IN	NC.				
	NTAL TRANS -C	ARGO, IN /Company)	NC.				
5535 N.V	NTAL TRANS C (Name of Firm	ARGO, IN /Company)	NC.				
5535 N.V	NTAL TRANS -C (Name of Firm V. 72ND AVENU (Addre	ARGO, IN /Company) E ss)	NC.				
5535 N.V	NTAL TRANS -C (Name of Firm) N. 72ND AVENU (Addre	ARGO, IN/Company) E ss) Zip ('ode')		- -			
5535 N.V	(Name of Firm 7. 72ND AVENU (Addre 1. 33166 (City/State and	ARGO, IN/Company) E ss) Zip Code) ng this matter	er, please call		-8025		

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	` , , .	, ,,	117.1309,		
Florida Statutes, the undersigned,	ORACIO TRUJILLO (Name of Registered Agent)				
hereby resigns as Registered Agent for	CONTINENTAL	TRANS CARGO e of Corporation)	, INC.		
L62807	,	,			
(Document Number, if known)					
A copy of this resignation was mailed to The agency is terminated and the office this statement is filed.		•			
If signing on behalf of an entity:	fgroture of Resigning Ago	ent)	ASSANA US AMANA US		
((Typed or Printed Name)		OF STATE F, Florids		
A	(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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