M71569

(Requ	estor's Name)				
(Address)					
(idalood)					
(Address)					
(City/S	State/Zip/Phone	. #)			
(0.0),	Succession from	· ···)			
PICK-UP		MAIL			
PICK-UP	L_ VVAII	L WAIL			
(Busin	ess Entity Nan	ne)			
(= 3.5.)		,			
(Docu	ment Number)				
Certified Copies	Certificates	of Status			
	00.4,100.00				
Special Instructions to Fili	ng Officer:				
	•				
		ļ			
		1			
}					





700022963857

09/19/03--01043--008 **87.50

FILED

SEP 19 PM 12: 12

SECRETARY OF STATE

Month of a month

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		- u			·
SUBJECT: NEW ARTOJA	MARITIME (Name of Corp	lesources poration)		····	
DOCUMENT NUMBER:	M71569		<u> </u>		
The enclosed Resignation of Register	red Agent for a Co	rporation and	l fee are submitt	ted for filing.	
Please return all correspondence con-	cerning this matter	to the follow	ring:		
Michael D. Binks. (Name of Perso	n)	- -			
(Name of Firm/Con) established luc. apany)				"
1759 BAY Load (Address)	<u> </u>	——————————————————————————————————————			
M. Ami Beach Fl. (City/State and Zip	33/39 Code)	· .		, .	
For further information concerning the	his matter, please c	all:			
Michael D. Bunké (Name of Person)	at (3 = 5	534 Code & Daytir	5424 ne Telephone Nu	mher)	** *
Enclosed is a check made payable to or \$35.00 for an administratively dis-	the Florida Depart	ment of State	e for \$87.50 for	an active corpo	ration
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corport 409 E. Gaines Street Tallahassee, FL 3	rations et			

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 617.1509 ,
Florida Statutes, the undersigned, Mishael .). 31862 (Name of Registered Agent)
(Name of Registered Agent)
hereby resigns as Registered Agent for [Name of Corporation]
M 71569
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address. The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.
If signing on behalf of an entity:
(Typed or Printed Name)
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Tailahassee, FL 32314