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Mid Atlantic Express, LLC 2104 Sandy Road Kingsport, TN 37660-1731 423-288-2011

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

February 10, 2003

Dear Sir or Madam:

Enclosed is the Articles of Dissolution for a Florida Limited Liability Company. Please send a letter of acknowledgement to the address above.

Sincerely,

Ronald L. Coven



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 8, 2003

RONALD COVEN 2104 SANDY ROAD KINGSPORT, TN 37660-1731

SUBJECT: MID ATLANTIC EXPRESS, LLC

Ref. Number: M99000000470

We have received your document for MID ATLANTIC EXPRESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Letter Number: 203A00020770

Tammi Cline Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

mio Atlantic Express Lic		
(Name of limited liability company)		
(Jurisdiction of its organization)		
This limited liability company is no longer transacting business in Florida and stauthority to transact business in this state.	urrende	rs its
This limited liability company revokes the authority of its registered agent to accept s behalf and appoints the Department of State as its agent for service of process base of action arising during the time it was authorized to transact business in Florida.	service of d on a o	on its ause
PO Box 1495 (Mailing address)		
Kingsport TN 37662-1495 (City/State/Zip)	_	
The limited liability company agrees to notify the Department of State in the future of in its mailing address.	f any ch	ange
(Signature of member or authorized representative of a member)		
(Signature of member of authorized representative of a member)	~ /-	<u> </u>
Konald L. Coven (Typed or printed name of signee)	- , •,	-55
()		2

Filing Fee: \$25.00