## N04000006478

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STANK

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: (Name of Corporation)
DOCUMENT NUMBER: #N0400006478
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Lamae (Name of Person)
(Name of Firm/Company)
1 H N Man Steet (Address)
Newton, FL 32693 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Lamae at (352) 463 - 4000 (Area Code & Daytime 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 409 E. Gaines Street Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Fursuant to the provisions of sections 607.0302(2), 617.0302(2), 607.1309, 617.1309,
Florida Statutes, the undersigned, Michael Lamas
(Name of Registered Agent)
hereby resigns as Registered Agent for Wheels Two (Name of Corporation)
# Alvannage
(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.  **Mushan Common (Signature of Resigning Agent)**
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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
Tallahassee, FL 32314