## P0100004245

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(Cit	y/State/Zip/Phor	ne #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: ACTION INTERNATIONAL LOGISTICS, INC. (Name of Corporation)
DOCUMENT NUMBER: P01000004245
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:
JOSEPH CATARINEAU, CPA (Name of Person)
CATARINEAU & GIVENS, CPA (Name of Firm/Company)
7780 SW 117th Avenue Suite #201 (Address)
Miami, Florida 33183 (City/State and Zip Code)
For further information concerning this matter, please call:
Lionel Barnet, Esq. at (305 ) 670-7887 Ext. 2 (Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

FILED 05 DEC -1 AM 9:54

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Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, ASSEE, FLORIDA
- 125 miles of the providence of 1550 miles
Florida Statutes, the undersigned, <u>JOSEPH CATARINEAU</u> , <u>CPA</u> (Name of Registered Agent)
hereby resigns as Registered Agent for <u>ACTION INTERNATIONAL LOGISTICS</u> , INC. (Name of Corporation)
P01000004245
(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.
(Signature of Resigning Agent)
(O.g.mino of Nosigning / Igono)
If signing on behalf of an entity:
JOSEPH CATARINEAU, CPA (Typed or Printed Name)
Registered Agent (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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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