02000003588

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ie)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200050002272

04/11/05--01019--003 **35.00

RA. Rosiegn

G. Coulliette APR 1 8 2005.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: UF Transit, Inc.	(Name of Corporation	on)
DOCUMENT NUMBER: P020	•	
-		tion and fee are submitted for filing.
Please return all correspondence co		
Robert J. Burnett, Esg.		
(Name of Per	son)	•
Becker & Poliakoff, P.A.		
(Name of Firm/Co	ompany)	
3111 Stirling Road		
(Address)	1	
Fort Lauderdale, FL 33312		
(City/State and Zi	p Code)	•
For further information concerning	this matter, please call:	
Robert J. Burnett, Esq.	at (954)	364-6007 & Daytime Telephone Number)
(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check made payable or \$35.00 for an administratively d	to the Florida Department issolved, voluntarily disso	of State for \$87.50 for an active corporation lved or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tallahassee, FL 32399	S

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

	Z Z
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1	509灵 —
Florida Statutes, the undersigned, Robert J. Burnett, Esq.	위 로
(Name of Registered Agent)	
hereby resigns as Registered Agent for UF Transit, Inc.	
(Name of Corporation)	
P02000003588	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last know	n address.
The agency is terminated and the office discontinued on the 31st day after the date of this statement is filed.	n which
Boht J. Butt Signature of Resigning Agent)	
If signing on behalf of an entity:	
Robert J. Burnett	
(Typed or Printed Name)	
Attorney	
(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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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