

P02000084589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

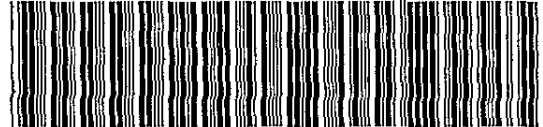
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/15/05--01030--005 **192.50

FILED
05 FEB 15 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA. Resignation

T BROWN FEB 23 2005

JEFFREY C. SPARKS, P.A.
ATTORNEY AND COUNSELOR AT LAW

February 14, 2005

Via Federal Express Overnight Delivery

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Red Cap Limo, Document Number P02000084589

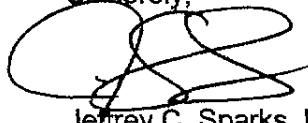
Red Cap Limo II, Document Number P03000085523

Dear Sir or Madam:

With regard to the above-referenced corporations, I enclosed herewith resignations of registered agents and officers. Also enclosed are my checks in payment of the required fee.

Please process the enclosed at your soonest convenience. Your assistance is greatly appreciated.

Sincerely,



Jeffrey C. Sparks, Esq.
JCS.bms

Enclosures

545 Delaney Avenue
Building 8
Orlando, FL 32801
(407) 999-4999 Voice
(407) 999-4973 Fax

Email: jcs@jsparkspa.com
Website: www.jsparkspa.com

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RED CAP LIMO, INC.

(Name of Corporation)

DOCUMENT NUMBER: P02000084589

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:

JEFFREY C. SPARKS, ESQ.

(Name of Person)

(Name of Firm/Company)

545 DELANEY AVE., BLDG 8

(Address)

ORLANDO, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

JEFFREY C. SPARKS, ESQ.

(Name of Person)

at (407) 999.4999

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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**

FILED
05 FEB 15 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, JERROD ZLATKISS

(Name of Registered Agent)

hereby resigns as Registered Agent for RED CAP LIMO, INC.

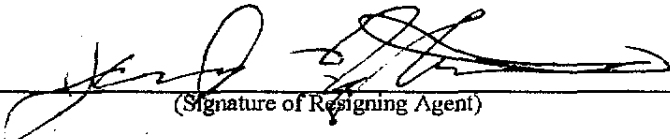
(Name of Corporation)

P02000084589

(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)

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