

P02006105979

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 FEB 25 AM 9: 27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

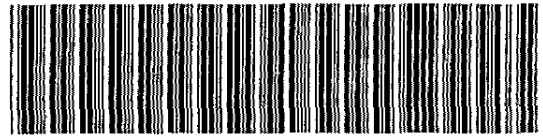
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400047016744

02/28/05--01056--001 \*\*35.00

RA Resig.

7/5  
2/3

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Vara Trucking, Incorporated  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000105979

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:

VICTOR M. RIVERA  
(Name of Person)

Vara Trucking, Incorporated  
(Name of Firm/Company)

4000 CAUSEWAY BOULEVARD  
(Address)

Tampa, FL 33617  
(City/State and Zip Code)

For further information concerning this matter, please call:

VICTOR M. RIVERA at (813) 789-7642  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

\* Please mail any future correspondence  
to:  
P.O. BOX 292262  
Tampa, FL 33687-2262

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 FEB 28 AM 9:26

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

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


Florida Statutes, the undersigned, VICTOR MANUEL RIVERA  
(Name of Registered Agent)

hereby resigns as Registered Agent for VARA TRUCKING INCORPORATED  
(Name of Corporation)

P02000105979  
(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

\*Please mail any future correspondence to:  
P.O. BOX 292262  
Tampa, FL 33687-2262