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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COURTESY TRANS PORTATION GROUP INC (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Joanes J PolyNics (Name of Person)
(Name of Firm/Company) P, O. Box 682149 (Address)
ORlando FL 32818 (City/State and Zip Code)
For further information concerning this matter, please call:
Tognes J. Polynics at (407) 353-2174 (Name of Person) at (407) 353-2174 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Joanes	J.	PolyNICE	, hereby res	sign as R	esident		_
		,			(Title)		
of COURTE	SY	TRans Por (Name of Corp	poration)	GROU	PINO	,	,
(Document Nu	omber, if	D 4 , a co	orporation organ	ized under the	laws of the Sta	te of	
FI	A-	•					
		(Signatur	re of resigning office	Den/director)			C
		(0.8.11)		,,		08 MAY 2	JIVISION OF

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314