730000W715

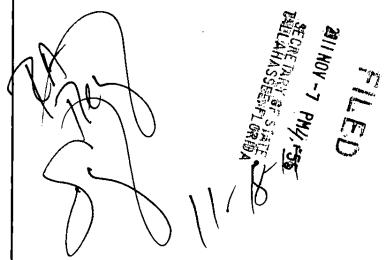
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	·
. (Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bı	siness Entity Nar	me)
(Do	ocument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: LANDSTAR LAKELA	ND, INC.
	(Name of Corporation)
DOCUMENT NUMBER: P0300	00064715
The enclosed Resignation of Registe	ered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence con	neerning this matter to the following:
Robert Stanz	
(Name of Pers	on)
Robert J. Stanz, P.A.	
(Name of Firm/Co	mpany)
5121 South Lakeland Drive, Su	ite 4
(Address)	
Lakeland, FL 33813	
(City/State and Zip	Code)
For further information concerning	this matter, please call:
Robert Stanz	at (<u>888</u>) <u>478 2695</u> (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$87.50 for an active corporation ssolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	1509,產營
Florida Statutes, the undersigned, Robert Stanz	≥滞
(Name of Registered Agent)	N A
hereby resigns as Registered Agent for LANDSTAR LAKELAND, INC.	
(Name of Corporation)	1 C
P03000064715	33 3
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kno	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed. (Signature of Besigning Agent)	on which
If signing on behalf of an entity:	
(Typed or Printed Name)	

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)