P03000129430

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submost Zillar) Trainie)
(Document Number)
(Document (dumber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: A&A Truck Brokerge		
	(Name of Corporation	n)
DOCUMENT NUMBER: GO41	13900194	
The enclosed Resignation of Register	ered Agent for a Corporat	ion and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the	following:
R. Earl Lanius		
(Name of Person	on)	
R. Earl Lanius		
(Name of Firm/Con	npany)	
4937 21st Place SW		
(Address)		
Naples Florida 34116		
(City/State and Zip	Code)	
For further information concerning t	his matter, please call:	
R. Earl Lanius		455-1723
(Name of Person)	(Area Code &	& Daytime Telephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	the Florida Department of the Solved, voluntarily dissol	of State for \$87.50 for an active corporation ved or withdrawn corporation.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	<u> </u>

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FOR A CORPORATION 06 FEB - 1 AM 10: 12

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, R. Earl Lanius
(Name of Registered Agent)
hereby resigns as Registered Agent for A&A Truck Brokers Truck
(Name of Corporation)
G04113900194 P03000129430
(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.
R. Carl Harris (Signature of Resigning Agent)
(Shamme of Kesithinth Vaein)
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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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