

P03000152407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

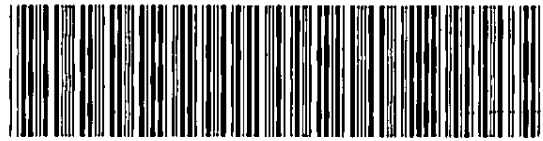
(Document Number)

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600418938056

Resignation of  
RA

11/15/23--01004--011 \*\*07.56

FILED  
2023 NOV 15 AM 8:07  
CLERK OF COURT

A. RAJSE

DEC -122023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

SUBJECT: E.B. TRANSPORTATION AWCIXW INC.  
(Name of Corporation)

DOCUMENT NUMBER: P03000152407

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:

ELIO BATISTA

---

(Name of Person)

F.B. TRANSPORTATION SERVICE INC.

---

(Name of Firm/Company)

7061 NW 87TH AVENUE  
(Address)

MIAMI, FL 33178

For further information concerning this matter, please call:

ELIO BATISTA at ( 786 8979186 )  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
2023 NOV 15 AM 8:07  
CLERK OF COURT  
J. B. ROBERTSON

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, EXPRESS DATA PROCESSING CORP.

(Name of Registered Agent)

hereby resigns as Registered Agent for E.B. TRANSPORTATION SERVICE INC.

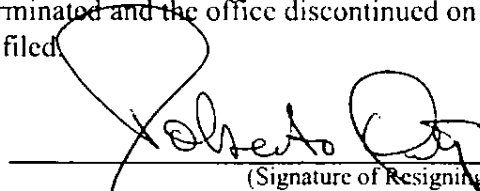
(Name of Corporation)

P03000152407

(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:

EXPRESS DATA PROCESSING CORP.

(Typed or Printed Name)

PRESIDENT

(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**