

P0400095842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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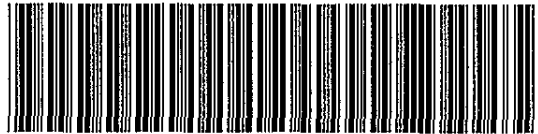
(Business Entity Name)

(Document Number)

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FILED
05 APR 29 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign.

C. Coullotte MAY 06 2005

BEVERLY A. MORRIS, P. L.

Attorney at Law
808 S.E. Fort King Street
Ocala, FL 34471

Telephone (352) 369-1300
Facsimile (352) 351-2715

April 27, 2005

By OVERNIGHT MAIL

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: **Trailco of Florida, Inc.**
Document No. P04000095842

Dear Sir or Madam:

The following documents are enclosed for filing with the Division of Corporations:

1. 2005 For Profit Corporation Annual Report, together with check in the amount of \$150.00 as filing fee;
2. Resignation of Registered Agent for a Corporation, together with Transmittal Letter and check in the amount of \$87.50 as filing fee;
3. Officer/Director Resignation for a Corporation, together with Transmittal Letter and check in the amount of \$35.00 as filing fee; and
4. Statement of Change of Registered Office or Registered Agent or Both for Corporations, together with Cover Letter and check in the amount of \$35.00 as filing fee.

Your prompt assistance in filing these documents will be greatly appreciated.

Yours truly,



Beverly A. Morris

BAM:cs
Enclosures: As described

cc: Mr. Jose Ortega

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRAILCO OF FLORIDA, INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000095842

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:

JOSE ORTEGA

(Name of Person)

TRAILCO OF FLORIDA, INC.

(Name of Firm/Company)

POST OFFICE BOX 770208

(Address)

OCALA, FLORIDA 34479

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE ORTEGA

(Name of Person)

at (352)

236-4001

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**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, ROBERT MEGIRR
(Name of Registered Agent)

hereby resigns as Registered Agent for TRAILCO OF FLORIDA, INC.
(Name of Corporation)

P04000095842
(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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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