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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: OVERNIGHT FICH JUC, (Name of Corporation)
DOCUMENT NUMBER: <u>P04 200 106 800</u>
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:
ROBERTA GRESS (Name of Person)
OVERNIANT FISH TWC. (Name of Firm/Company)
(Address) 57 A UE
H(ALEACT PC 330 14 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 303 79/9 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

rursuant to the provisions of sections of .0302(2), 617.0302(2), 607.1309, 61 617.	1309,	
Florida Statutes, the undersigned, Kosent A. (Name of Registered Agent)		_
hereby resigns as Registered Agent for OUERNUHT FIGHT - (Name of Corporation)	DIC	<b>_</b> →
(Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known	wn addres	s.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.  (Signature of Resigning Agent)	on which	
If signing on behalf of an entity: /  (Typed or Printed Name)	JEGARIASSEE, TALLAHASSEE,	FILED
(Capacity)	STATE 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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