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O/D Resign.



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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: GUISTE TRANSPORTATION, INC.	
(Name of Corpora DOCUMENT NUMBER: P0400012121445	ation)
The enclosed Officer/Director Resignation for a Corporation	and fee are submitted for filing
Please return all correspondence concerning this matter to th	e-following:
HAZEL MC SHEENE	
(Name of Person)	• • •
•	
(Name of Firm/Company)	
P.O. BOX 552609	•
(Address)	
OPA LOCKA, FL 33055	
(City/State and Zip Code)) 1
For further information concerning this matter, please call:	,
ANTONY DAVID	796-2505
(Name of Person) (Area Code	796-2505 & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Elorida I	Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	ns

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I. HAZEL,MC SHEENE	, hereby resign as DIRECTOR						
	! (Title)						
of_GUISTE TRANSPORTATION	•						
(Name o	f Corporation)						
P0400012121445 (Document Number, if known)	, a corporation organized under the laws of the State of						
FLORIDA							
A) M	Sheric gnature of resigning officer/director)						
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Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314