P04000157266

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

Office Use Only



600051353836

04/27/05--01012--027 **87.50



4-34-05 ONE ON

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: K+M TRUCKING INC. (Plame of Corporation)
DOCUMENT NUMBER: <u>P04000/57266</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:
Bobby C Mane of Person)
KIM TRUCKING TWO. (Name of Firm Company)
8321 BRANDON Rp. (Address)
PAWAMA City Fl. 32404 (City/State and Zip Code)
For further information concerning this matter, please call:
Bobby C.MEMURPLY at (\$50) 258-1330 (Name of Person) at (\$50) 258-1330 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, (Name of Registered Agent)		
hereby resigns as Registered Agent for Kin Muchan Strain (Name of Corporation)		
P04000157266 (Document Number, if known)		
A copy of this resignation was mailed to the above listed corporation at its last known a	ddress.	-
The agency is terminated and the office discontinued on the 31st day after the date on y this statement is filed.	က	
(Signature of Resigning Agent)	APR 29 A	
If signing on behalf of an entity:	AMIII: 2	C
Katharini Denise Kwig (Typed or Printed Name)	i 01	
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Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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 Taliahassee, FL 32314