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TALLAHASSEE, FLORIDA  
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OD/Res  
@ 8/18/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KISHLER TRANSPORT INC  
(Name of Corporation)

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIKA VON LUNEN (KISHLER)

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

744 MILL COVE ROAD

\_\_\_\_\_  
(Address)

MELBOURNE FL 32940

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ERIKA VON LUNEN

\_\_\_\_\_  
(Name of Person)

at ( 321 ) 863-3850

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida 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 Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, ERIKA (Kishler-), hereby resign as Director  
(Title)

of KISHLER TRANSPORT INC,  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA.

Erika Kishler  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

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

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