

PO5000043963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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RA Receipt

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 NOV 14 PM 12:58

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**COVER LETTER**  
**(Amendment)**

**TO: Amendment Section**  
**Division of Corporations**

☐ Street Address:           **OR**  
Amendment Section  
Division Corporations  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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

**SUBJECT:** Sambra Cargo Express Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** POS000043963

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:

Law Office of Feliu Maurrasse, P.A.  
706 South Dixie Highway, Suite 110  
Coral Gables, Florida 33146

For further information concerning this matter, please call:

Law Office of Feliu Maurrasse, P.A.  
305-665-3302

Ask for: Maria V. Feliu Maurrasse

Enclosed is a check for \$87.50 made payable to the Florida Department of State for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Thank you.

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of section 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned Saira Britica

(Name of registered agent)

hereby resigns as Registered Agent for Sambra Cargo Express Inc.

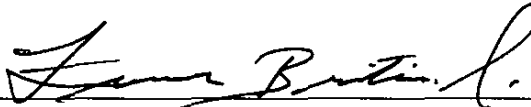
(Name of Corporation)

205000043963

(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 31<sup>st</sup> 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)

**Filing fee for 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:**

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

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TALLAHASSEE, FLORIDA