

PO5000115731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

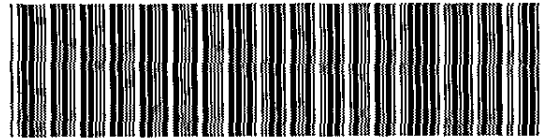
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400066015184

02/17/06--01039--027 *\$87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 14 AM 10:56

Ps 3/2/06
we 2/14 RT RES.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RESIGNATION OF REGISTERED AGENT OF MANANATA TRANSPORT E.
(Name of Corporation)

DOCUMENT NUMBER: PO 5000 115731

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:

VERONICA ACOSTA
(Name of Person)

(Name of Firm/Company)

90 CASTLE POINTE BLVD.
(Address)

PISCATAWAY NJ 08854
(City/State and Zip Code)

For further information concerning this matter, please call:

VERONICA ACOSTA at (772) 529 4011
(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 14 AM 10:56

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, VERONICA ACOSTA

(Name of Registered Agent)

hereby resigns as Registered Agent for MARAWATA TRANSPORT INC.

(Name of Corporation)

P. O. 5-000 115731

(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 31st day after the date on which
this statement is filed.

Veronica Acosta

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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
Tallahassee, FL 32314**