PO6000038130

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
J. HORNE			
JAN 2 4 2024			





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COVER LETTER

	(Name of Person) (Area	Code & Daytime Telephone Number)
DAV	ID M. MCDONALD 305 at (643-5313
For f	urther information concerning this matter, please	call:
	(City/State and Zip Code)	
MIA	MI, FL 33166-9428	
	(Address)	
POF	3OX 669122	
	(Name of Firm/Company)	
MCD	ONALD & MCDONALD, P.A.	
	(Name of Person)	
DAV	ID M. MCDONALD	
Pleas	e return all correspondence concerning this matte	r to the following:
The 6	enclosed Resignation of Registered Agent for a Co	orporation and fee are submitted for filing.
	UMENT NUMBER: P06000038736	
	(Name of Co	poration)
SUB.	GABLES TRANSPORT INC JECT:	
10:	Amendment Section Division of Corporations	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections	ons 607.0503(2), 617.0502(2), 607.1509, or 617	.1509,
Florida Statutes, the undersigned,	DAVID M. MCDONALD, ESQ.	
r jorida Statutes, the undersigned,	(Name of Registered Agent)	
hereby resigns as Registered Agen	GABLES TRANSPORT INC	
neredy resigns as Registered riger.	(Name of Corporation)	23
P06000038736		23 DEC 1
(Document Number, if known)		1985
A copy of this resignation was ma	iled to the above listed corporation at its last known	ovn addess.
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day after the date	. Og Whi eb
Drui/1	(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Fee for filing this document: \$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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