Atlantic Freight, Inc. 233 TRESCA ROAD JACKSONVILLE, FL 32225	100311431821		
(City/State/Zip/Phone #)	04/04/1801025003	**35.00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	S TALLENT APR 0 5 2018	TR APR -4 PH 1: 49	
Office Use Only	RIA Rossyll		

COVER LETTER

	Division of Corporations
SUR	SOUTHEAST CONTRACTING/SITE DEVELOPMENT, INC
	JECT:(Name of Corporation) P06000056651 CUMENT NUMBER:
	enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
	(Name of Person)
	(Name of Firm/Company)
	(Address)
	(Address)
	70'- 12'- 0'-13
	(City/State and Zip Code)
For f	urther information concerning this matter, please call:
	at ()
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Amendment Section

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617	7.1509,
Florida Statutes, the undersigned, SVETLANA BRATULINA	
(Name of Registered Agent)	
SOUTHEAST CONTRACTING/SITE D	DEVELOPMENT, INC
hereby resigns as Registered Agent for	
(Name of Corporation)	
P06000056651	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last kn	own address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	e on which
Wetlana Bratulina (Signature of Resigning Agent)	_
(Signature of Resigning Agent)	فسيد
	*** 60
If signing on behalf of an entity:	帮 而
(Typed or Drinted Name)	- 🦷 🥋 M
(Typed or Printed Name)	選 主 ロ
	15° 15° 15° 15° 15° 15° 15° 15° 15° 15°
(Capacity)	
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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