

P060000 60616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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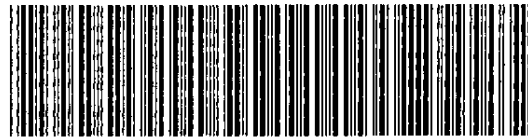
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Traileright Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000060616

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:

Darlene L. McCrae  
(Name of Person)

Traileright Inc  
(Name of Firm/Company)

6366 Bennett Ct  
(Address)

St. Cloud FL 34771  
(City/State and Zip Code)

For further information concerning this matter, please call:

Darlene L. McCrae at ( 407 ) 608-0474  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Sean M. McCrae Sr., hereby resign as Sec/Treas  
(Title)

of Traileright Inc.  
(Name of Corporation)

P06000060616, a corporation organized under the laws of the State of  
(Document Number, if known)

Sean M. McCrae Sr.  
(Signature of resigning officer/director)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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