## P06000064866

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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SECRETARY OF STATE

PAResign
12/06/06

## **COVER LETTER**

Division of Corporations		
SUBJECT:	FUEL TRANSPORT, INC.	
	(Name of Corporation)	
DOCUMENT NUMBER:	P06000064866	
The enclosed Resignation of Re	gistered Agent for a Corporation and fee are submitted for filing	
Please return all correspondence	concerning this matter to the following:	
PEDRO ERI	GOYEN	
(Name of I	Person)	
PEDRO ERIGOYEN & A	ASSOCIATES, INC.	
(Name of Firm	/Company)	
2740 NW 27	AVENUE	
(Addre	ess)	
MIAMI, FL.	33142	
(City/State and Zip Code)		
For further information concerni	ing this matter, please call:	
PEDRO ERIGOYEN	all to the	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

TO:

Amendment Section

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60°	7.0502(2), 617.0502(2), 607.1509, or 617	<sup>7</sup> .1509,
Florida Statutes, the undersigned,	JUAN A. FLORES	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for _	FUEL TRANSPORT, INC. (Name of Corporation)	
P06000064866		•
(Document Number, if known)	-	
A copy of this resignation was mailed to	the above listed corporation at its last kno	own address.
The agency is terminated and the office d this statement is filed.	liscontinued on the 31st day after the date	on which
(Sign	nature of Resigning Agent)	
If signing on behalf of an entity:		
(T <u>y</u>	yped or Printed Name)	06 DEC -4 SECRETARY
<del></del> ;	(Capacity)	AH S

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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