

PO6000091148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

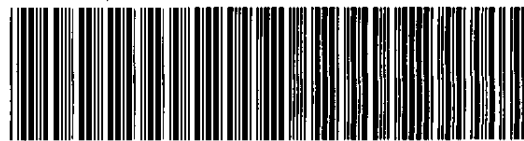
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAVernes Transportation
(Name of Corporation)

DOCUMENT NUMBER: 2850838

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shulyn Tate
(Name of Person)

LAVernes Transportation
(Name of Firm/Company)

9854 Saint Jude Ln
(Address)

Jacksonville FL 32221-3213
(City/State and Zip Code)

For further information concerning this matter, please call:

Shulyn Tate at (904) 354-7064
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

850-245-6897



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2010

SHIRLEY TATE
1357 W 25 ST
JACKSONVILLE, FL 32209

SUBJECT: LAVERNES TRANSPORTATION SERVICES INC.
Ref. Number: P06000091148

We have received your document for LAVERNES TRANSPORTATION SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2009 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$950.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2010 Annual Report and Supplemental Fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 510A00020726

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Shirley Tate, hereby resign as C-owner - Secretary
(Title)
of LAKESIDE Transportation
(Name of Corporation)
2850838, a corporation organized under the laws of the State of
(Document Number, if known)

Shirley Tate
(Signature of resigning officer/director)

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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