(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900157676779

07/06/09--01054--016 **87.50

I need to be out of this composition July 1st. Hat you organd

COVER LETTER

TO: Amendment Section Division of Corporations

 ${f SUBJECT:}$ UNITED TRUCKING SERVICES, INC.

(Name of Corporation)

DOCUMENT NUMBER: P07000043371

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:

AMELIA JAVIER

(Name of Person)

A&M ACCOUNTING & PROFESSIONAL SERVICES

(Name of Firm/Company)

1695 N.E. 123rd. St.

(Address)

N. Miami, Florida, 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

AMELIA JAVIER

at (305

893-2670

(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, AMELIA JAVIER
(Name of Registered Agent)
hereby resigns as Registered Agent for UNITED TRUCKING SERVICES, INC.
(Name of Corporation)
P07000043371
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Anele Jonis 6/25/09
(Signature of Resigning Agent)
If signing on behalf of an entity:
AMELIA JAVIER
(Typed or Printed Name)
SSS 5
EQ 2
(Capacity)
(Capacity)
79

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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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