## Pe700053568

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

Office Use Only



100133289001

resignation

07/23/08--01019--017 \*\*35.00

1998 JUL 23 AM 10: 0 Segretary of state allahassee, et och

ADR 7 129108

## **COVER LETTER**

SUBJECT: Ogun Transportation System Inc. (Name of Corporation) P070000503568 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Patrice Williams (Name of Person) Ogun Transportation System Inc. (Name of Firm/Company) 15751 Sheridan St., Suite 420 (Address) Fort Lauderdale, FL 33331 (City/State and Zip Code) For further information concerning this matter, please call: Patrice Williams (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address:** Mailing Address: Amendment Section **Amendment Section Division of Corporations Division of Corporations** Post Office Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2000 JUL 23 AM 10: 09

I, Patrice Williams	, hereby resign as	SECRETARY OF STATE TALL AHASSEE FLORID	
	, nerecy resign as_	(Title)	
of Ogu n Transportation System	Inc.		
(Name	e of Corporation)		
P07000053568 (Document Number, if known)	, a corporation organized under the laws of the State of		
Florida			
	(Signature of resigning officer/direct	tor)	

## **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