## P01000091533

(Requestor's Name)		
(Address)		
(Address)		
(Audiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Salamete Emily Harrey		
(Document Number)		
•		
Certified Copies Certificates of Status		
<u></u>		
Special Instructions to Filing Officer:		
1		





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## **COVER LETTER**

SUBJECT: KIRKMAN TRANSPORTATION SERVICES INC. (Name of Corporation)			
DOCUMENT NUMBER: P07000097533			
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for	filing		
Please return all correspondence concerning this matter to the following:			
TERRI LOWE			
(Name of Person)			
PARSONS ACCOUNTING			
(Name of Firm/Company)			
328 W OAK STREET			
(Address)			
KISSIMMEE, FL 34741			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
TERRI LOWE at ( 407 ) 343-9067 (Name of Person) (Area Code & Daytime Telephone Num	nber)		
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			

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



MARIA KIRKPATRICK	hereby resign as	PRESIDENT/SEC/TREAS
*1	, nereo, rongi us_	(Title)
of KIRKMAN TRANSPORTATION		,
(Name c	of Corporation)	
P07000097533 (Document Number, if known)	_, a corporation organized un	der the laws of the State of
(Document Number, II known)		
Florida	<b>∴</b> ,	
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· Macion	Lecha treek	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