(Requestor's Name) (Address) 600152686876 (Address) (City/State/Zip/Phone #) PICK-UP 🔲 WAIT MAIL 04/28/09--01018--004 **35.00 (Business Entity Name) (Document Number) Certificates of Status _ Certified Copies ____ 2009 APR 28 PM 1: 38 Special Instructions to Filing Officer: off. Resign. TB 5-5-09 Office Use Only

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:_LT SHIPPING, INC

(Name of Corporation)

DOCUMENT NUMBER: P08000001181

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

Please return all correspondence concerning this matter to the following:

LOSTORTO, SANTIAGO

(Name of Person)

(Name of Firm/Company)

12861 SW 147TH TERRACE RD.

(Address)

MIAMI FL 33186 US

(City/State and Zip Code)

For further information concerning this matter, please call:

LOSTORTO, SANTIAGO (Name of Person) at (786) 256-2702 (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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, LOSTORTO, SANTIAGO , hereby resign as PRESIDENT (Title) of LT SHIPPING INC. (Name of Corporation) P08000001181 , a corporation organized under the laws of the State of (Document Number, if known) FLORIDA



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