P08000017868

(Re	equestor's Name)	
. (Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number))
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2010 AUG 11 PH 2: 5;
35CRETARY OF STATE

R.A. Resign.

TR AUG 1 3 2010

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SUNSHINE STATE LOGISTICS ENTERP	
(Name of Corporati	on)
DOCUMENT NUMBER: P08000017868	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
RODOBALDO DIAZ MIRANDA	
· (Name of Person)	•
SUNSHINE STATE LOGISTICS ENTERPRICE, INC.	
(Name of Firm/Company)	•
14900 NW 24 CT BAY 3	
(Address)	
OPA LOCKA, FL 33054	
(City/State and Zip Code)	•
For further information concerning this matter, please call:	
YENISE TERRY (Name of Person) at (305) (Area Code	953-3300 & Daytime Telephone Number)
(1.1.1.1.2.1.)	, 10.0p

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION PH 2: 55 Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, $\frac{120 R_{100}^{1/2}}{1000}$
Florida Statutes, the undersigned, JOHN CUTINO
(Name of Registered Agent)
hereby resigns as Registered Agent for SUNSHINE STATE LOGISTICS ENTERPRICE TAC. (Name of Corporation)
P08000017868
(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.
(Signature of Resigning Agent)
If signing on behalf of an entity:
Tohn Outino (Typed or Printed Name)

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\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

(Capacity)