

PO9000005714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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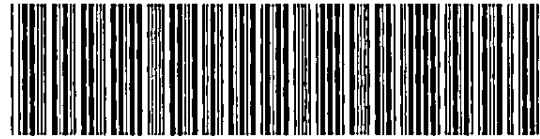
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SNS Logistics, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: P09000005714

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:

Kerri Monahan  
(Name of Person)

Monahan Financial Consulting Services, LLC  
(Name of Firm/Company)

619 ATLANTIC Blvd.  
(Address)

ATLANTIC BEACH, FL 32233  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kerri Monahan at ( 904 ) 234-2671  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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, Kerri Monahan  
(Name of Registered Agent)

hereby resigns as Registered Agent for SNS Logistics, Inc.  
(Name of Corporation)

P09000005714  
(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.

K. Monahan  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**

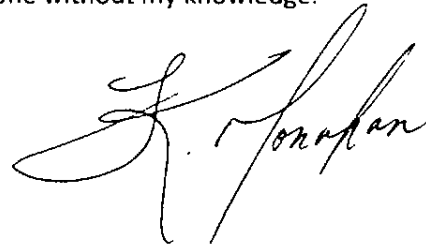
\$87.50 - Active Corporation

\$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

STATEMENT OF FACT:

My name is Kerri Monahan. I am writing this letter to clarify my position with SNS Logistics. I have never been employed by SNS. I have my own business. I do accounting for a list of companies and tax document preparations for their CPA. I have never been a registered agent for this business. I never authorized the use of my name for this registration with the state. Nor have I ever been employed by them and given the title of CFO. I was not aware of this registration till I was summoned to court in Virginia. Please note that this registration was with done without my knowledge.

A handwritten signature in black ink, appearing to read "K. Monahan". The signature is stylized with a large, looping initial "K" and a cursive "Monahan".