

PO9000043345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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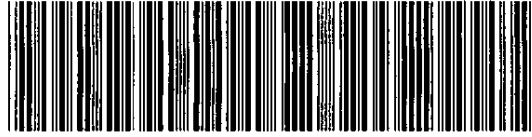
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Order  
Your*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** REGIONS TRANSPORT, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000043345

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

Please return all correspondence concerning this matter to the following:

JAMES GROSSI  
(Name of Person)

REGIONS TRANSPORT, INC.  
(Name of Firm/Company)

3512 CROAKER DRIVE  
(Address)

SPRING HILL FL 34607  
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES GROSSI at ( 352 ) 610-2120  
(Name of Person) (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


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10 JAN 11 AM 10:57  
3400 TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOHN R. MONTES, hereby resign as VICE PRESIDENT  
(Title)

of REGIONS TRANSPORT, INC.  
(Name of Corporation)

P09000043345, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA

  
(Signature of resigning officer/director)

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10 JAN 11 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, 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