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(Re	equestor's Name)	** :
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TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations Pay n Ride (Name of Corporation) P09000070263 **DOCUMENT NUMBER:** The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sam Kraemer (Name of Person) Pay n Ride (Name of Firm/Company) 4901 NW 106 Ave (Address) Coral Springs, FL 33076 (City/State and Zip Code) For further information concerning this matter, please call: Sam Kraemer (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State. **Street Address: Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building Post Office Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Sam Kraemer	, hereby resign as Vi	ce President
		(Title)
of Pay N Ride Inc		
(Name	of Corporation)	
P09000070263 (Document Number, if known)	_, a corporation organized under	the laws of the State of
Florida		
	Signature of resigning officer/director)	2010 JUL 15 PM 12: 07 SECALIARY OF STATE TALLAHASSEE, FLORID,

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