P10000053939

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	sy/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
·		
<u> </u>		

Office Use Only



600180701226

11/02/10--01007--003 **70.00



OffReseys News 11-5-10

COVER LETTER

Division of Corporations
SUBJECT: Integrated NOSTE Transportation Services Inc (Name of Corporation) DOCUMENT NUMBER: P10000053939
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacqueling & Fort-tainl (Name of Person) Integrated Wast Trans portion SVCs/nc (Name of Firm/Company)
(Name of Firm/Company)
(Address)
Pembro12 Pines & 33026 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (S6) 236 LKG (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section

Mailing Address:
Amendment Section

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

:4. 1

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1	Fontau, hereby resign as P	(Title)
or Integrated	Naste Transportation (Name of Corporation)	Services Inc.
(Document Number, if kr	, a corporation organized under	
- MONIUU	·	
	Must	TALLAH TALLAH

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