## P110000947349

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

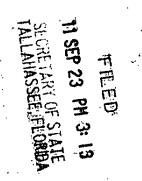
Office Use Only



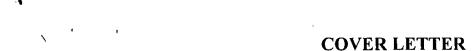
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09/23/11--01015--021 \*\*35.00

M/ Dew Bugo



M 5024



TO:

Amendment Section Division of Corporations

SUBJECT: Stat Courier Delivery Service, Inc. (Name of Corporation)
DOCUMENT NUMBER: P1000047349
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:  ———————————————————————————————————
(Name of Firm/Company)
2791 Cold Creek Blvd (Address)
TACKONVIlle, PWGda 32221 (City/State and Zip Code)
For further information concerning this matter, please call:    Duly Lelser   at (GH) 356-816  (Name of Person)   at (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Ruby L	ee Kelsey	_, hereby resign as	Trustee	Treasure
of Stat C	Our er Del	ivery St	yvice F	Inc.
(Document Number, if	344, a corpo	ration organized u	nder the laws of	the State of
Morida	·		7	SEP 23
<i>L</i> -	- <i>1</i>	1 1	,	PH 3:
Re	Signature of	resigning officer/dire	Gior)	13

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