P12 0000 15925

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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2022 JUN 24 PM 4: 30 SECRETARY OF STATE TALLAHASSEE TA

A. BUTLER
JUN 2 4 2022

COVER LETTER

TO: Amendment Section Division of Corporations
MIAMI CARGO SOLUTIONS INC. SUBJECT:
(Name of Corporation)
DOCUMENT NUMBER: P12000015925
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:
SCOTT J. SCHUSTER (Name of Person)
CORPORATE SERVICE BUREAU INC. (Name of Firm/Company)
283 WASHINGTON AVENUE (Address)
ALBANY, NY 12206 (City/State and Zip Code)
For further information concerning this matter, please call:
ERIN LEWANDOWSKI at (518) 463-4179 EXT. 1202 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 2022 JUN 24 PM 4: 30

	SECRETARY OF STATE TALLAHASSEF, FL
Pursuant to the provisions of section	ons 607.0503(2), 617.0502(2), 607.1509, or 617.1309, 352E, FL
Florida Statutes, the undersigned.	CORPORATE SERVICE BUREAU INC. (Name of Registered Agent)
hereby resigns as Registered Agent	t for MIAMI CARGO SOLUTIONS INC.
	(Name of Corporation)
P12000015925	
(Document Number, if known)	
A copy of this resignation was mai	led to the above listed corporation at its last known address.
<u> </u>	office discontinued on the 31st day after the date on which
this statement is filed.	
	(Signature of Resigning Agent)
If signing on behalf of an entity:	
_SCOTT J, SCH	(Typed or Printed Name)
PRESIDENT	
	(Capacity)

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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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