P13000070696

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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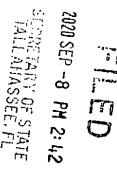
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AAAA TRANSPORT COLP (Name of Corporation) DOCUMENT NUMBER: P13000070696
DOCUMENT NUMBER: 91300070696
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:
(Name of Person)
(Name of Firm/Company)
3766 SW SAVONA BLYD (Address)
PORT ST LUCIE FL 31,953 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (951) 5011508 (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, EMIN SELTOVIC (Name of Registered Agent)
(Name of Registered Agent)
hereby resigns as Registered Agent for AAA TRANSPOIS CORP (Name of Corporation)
P1300070696
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address
The agency is terminated and the 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:
(Typed or Printed Name)
 -
(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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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

2020 SEP -8 PH 2: 42
SCORETARY OF STATE

120 SEP -8 PM 2: