P18000 51451

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



400328262124

04/26/19--01024--020 **87.50

2019 (** 25 P); 12: 5^h

RAIRES

MAY - 6 2019 I ALBRITTON

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	ECT: R.T.G. TRANSPORT INC	•
	(Name of Corporation UMENT NUMBER: P18000051451	1)
	nclosed Resignation of Registered Agent for a Corporati	on and fee are submitted for filing.
	e return all correspondence concerning this matter to the	_
	Jerome	
	(Name of Person)	
	(Name of Firm/Company)	
	784 S. Clearwater Loop	
	(Address)	
	Post Falls, ID 83854	
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please call:	
_	erome Sullivan 307 、	200-2803
J	eronie Sullivan ar Sor 1	200 2000

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.	1509.
Florida Statutes, the undersigned, REGISTERED AGENTS INC.	
(Name of Registered Agent)	
hereby resigns as Registered Agent for R.T.G. TRANSPORT I	VC.
(Name of Corporation)	
P18000051451	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at its last known	wn address.
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	on which
Bel Hame	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
BILL HAVRE	
(Typed or Printed Name)	2019.7
SECRETARY	
(Capacity)	25.
	PH 12: 54
	22
Fee for filing this document:	<u>ئ</u>
\$87.50 - Active Corporation	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/