# P97000044668

(Re	equestor's Name)	
(Ad	dress)	<del>-                                    </del>
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(Cit	ry/State/Zip/Phone	<b>⇒</b> #)
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	JECT: SEMINOLE TRANSPORTATION SPECIALISTS, INC.
	(Name of Corporation)
DOC	UMENT NUMBER: P97000044668
	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	e return all correspondence concerning this matter to the following:
KEN	NNETH J. SNYDER
	(Name of Person)
Sem	ninole Transportation Specialists, Inc.
· · · · · · ·	(Name of Firm/Company)
505	0 W. LEMON STREET
_	(Address)
TAN	MPA, FLORIDA 33609
	(City/State and Zip Code)
For fi	urther information concerning this matter, please call:
KEN	NETH J. SNYDER at (813) 714.0018  (Name of Person) (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amer Divis Clifto 2661	t Address: Indiment Section Identify Sec

TO:

## LETTER OF RESIGNATION AS DIRECTOR

SECRETARY OF STATE DIVISION OF CORPORATIONS

OF

# SEMINOLE TRANSPORTATION SPECIALITS, INC. 08 NOV 18 AM 11: 31

I, BILLY R. PRICE, serve this written Letter of Resignation to SEMINOLE TRANSPORTATION SPECIALITS, INC., a corporation duly registered with the State of Florida under Document# P7000044668, last-known address of 5028 Airport Road, Zephyrhills, Florida 33542, effectively resigning my positions, duties, and responsibilities as Director, SEMINOLE TRANSPORTATION SPECIALITS, INC., as of September 30, 2007.

I, BILLY R. PRICE, further attest that this is a replacement document for my original Letter of Resignation tendered and dated September 30, 2007.

September 30, 2007

Effective Date of Resignation as Director

BILLY R. PRICE

#### **ACKNOWLEDGEMENT**

### STATE OF FLORIDA COUNTY OF HILLSBOROUGH

On this 9 day of 800, 2008, before me personally appeared BILLY R. PRICE, who acknowledged that he signed the foregoing instrument for the purpose contained therein.

WITNESS my hand and official seal at Tampa, Florida.

[SEAL]

NOTARY PUBLIC, State of Florida

Personally Known [ ]

**Notary Stamp** 

Credible Witness [ ]

Satisfactory Identification [1]

My Commission Expires:

Type of ID and Number

P620 076 (01 4630

