P98000 37806

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

Office Use Only



000022353720

09/04/03--01028--006 **35.00



RA RED

TO:

Amendment Section Division of Corporations

TRANSMITTAL LETTER

SUBJECT: Kallista Shipping Corp. (Name of Corporation)
DOCUMENT NUMBER: P98000032806
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:
Treve Chiznar (Name of Person)
(Name of Firm/Company)
5361 NW 112th Ct (Address)
Him FC 33178 (City/State and Zip Code)
For further information concerning this matter, please call:
Treve Chizuar at (305) 436-5775. (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 6	07.0502(2), 61	7.0502(2), <i>6</i> 07.	.1509, or 617	⁷ .1509,
Florida Statutes, the undersigned,	Irene M.	Chizmar		
	(1	Vame of Registere	d Agent)	
hereby resigns as Registered Agent for _	Kallista	Shipping	Corp.	
		(Name of Corpor	ation)	,
P98000032806				
(Document Number, if known)				
A copy of this resignation was mailed t	o the above list	ed corporation	at its last kn	own address.
The agency is terminated and the office this statement is filed.	discontinued o	n the 31st day	after the date	on which
Dave -	nb. bl	James J.		
(S ₁	guature of Resign	ing Agent)		3 S
If signing on behalf of an entity:				
		_		60 F T
IRENE	И. С	hiz Ha	_1 <u>2</u>	第 是 国
	Typed or Printed	Name)		7 7
				95 S
				
	(Capacity)			

Fee for filing this document:

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withdrawn corporation

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