

P98000089834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

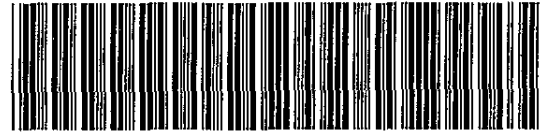
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400059023134

09/12/05--01013--008 \*\*87.50

FILED  
05 SEP 16 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA Rec.  
sf

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOLTRANS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000089834

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:

ROBERT BRANDT  
(Name of Person)

ROBERT A. BRANDT, P.A.  
(Name of Firm/Company)

696 NE 125 STREET  
(Address)

NO. MIAMI, FL 33161  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT BRANDT at ( 305 ) 981-3222  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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, ROBERT A. BRANDT, P.A.  
(Name of Registered Agent)

hereby resigns as Registered Agent for SOLTRANS, INC.  
(Name of Corporation)

P98000089834  
(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:

ROBERT BRANDT  
(Typed or Printed Name)

PRESIDENT  
(Capacity)

**FILED**  
05 SEP 16 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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