

P980000917L3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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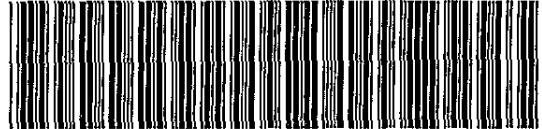
(Business Entity Name)

(Document Number)

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FILED  
03 MAY 19 AM 9:50  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

As of 23/03  
11/10/03 Inactive

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: IMPERIAL TRANSPORTATION GROUP, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P98000091713

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:

SUZETTE D. MASSEY

(Name of Person)

(Name of Firm/Company)

Post Office Box 586

(Address)

Lake Hamilton, Florida 33851

(City/State and Zip Code)

For further information concerning this matter, please call:

SUZETTE D. MASSEY

(Name of Person)

at ( 863 ) 439-3920  
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

**FILED**

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

03 MAY 19 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, SUZETTE D. MASSEY  
(Name of Registered Agent)

hereby resigns as Registered Agent for IMPERIAL TRANSPORTATION GROUP, INC.  
(Name of Corporation)

P98000091713

(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