P9900001173

	- ,
	(Requestor's Name)
•	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
·	(Duaineas Estitublema)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:

Office Use Only



900079854449

09/27/06--01013--001 **70.00



COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: H & M Transportation, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: P99000001173	
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:	
David C. Lanigan, J.D., LL.M	
(Name of Person)	
David Lanigan, P.A.	
(Name of Firm/Company)	
10927 N. 56th St.	
(Address)	
Tampa, FL 33617	ė
(City/State and Zip Code)	
For further information concerning this matter, please call:	
at (813) 983-0655 (Name of Person) (Area Code & Daytime Telephone Number)	
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
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

ursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,	
lorida Statutes, the undersigned,David C. Lanigan, J.D., LL.M	
(Name of Registered Agent)	
ereby resigns as Registered Agent for H&M Transportation, Inc.	
(Name of Corporation)	
P9900001173	
(Document Number, if known)	
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 is statement is filed.	
Signing on behalf of an entity:	<u> </u>
SSET SET	LED
(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withdrawn corporation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