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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Wellingto	(Name of Corporation)
DOCUMENT NUMBER:	
The enclosed Officer/Director Resigna	ation for a Corporation and fee are submitted for filing
Please return all correspondence conce	erning this matter to the following:
Ellen Reilly (Name of Person)	<u>/</u>
Wellington Transp (Name of Firm/Comp	portation Inc.
13833 Wellington T	race
Wellington Fl. 3 (City/State and Zip C	33414 ode)
For further information concerning this	s matter, please call:
(Name of Person)	at () (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made p	ayable to the Florida Department of State.
Amendment Section A Division of Corporations E Clifton Building F	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Fallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

l,	Elles Reilly	, hereby resign as President (Title)		
of_	Wellington	Transportation Inc.		
	(Document Number, if known) Florida	_, a corporation organized under the laws of the State of		
	Ellen	Relly ignature of resigning officer/director)	11 K約 2	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314