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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	JECT: Connoissement. com, Inc. (Name of Corporation)
DOC	UMENT NUMBER: <u>P99000091454</u>
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
Ju	With E. Mc Caffrey (Name of Person)
Mc	Coeffrey, P. A. (Name of Firm/Company)
<u> 581</u>	Pelican Bay Blvd., Suite 2044 (Address)
Nap	Mes, FL 34108 (City/State and Zip Code)
For fi	irther information concerning this matter, please call:
Juo	(Name of Person) at (239) \$514-2800 (Name of Person) (Area Code & Daytime Telephone Number)
Enclo or \$3:	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation 5.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Amer Divis: P.O. I	ing Address: Indment Section Ition of Corporations Sox 6327 Itinassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Florida Statutes, the undersigned, Tuliff E. McCaffrey (Name of Registered Agent)	Pursuant to the provisions of sections 607.0502(2), 6	17.0502(2), 607.1509, or 617.1509,
hereby resigns as Registered Agent for Connoissement. Com, Inc. (Name of Corporation) Page 000091454 (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:	Florida Statutes, the undersigned, Judith 1	E. Mc Caffrey
(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:	!	(Name of Registered Agent)
(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:	hereby resigns as Registered Agent for Connois	(Name of Cornoration)
(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:		(A mine of conformion)
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:	199000091454	
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) (Typed or Printed Name) (Typed or Printed Name)	(Document Number, if known)	
(Signature of Resigning Agent) If signing on behalf of an entity: (Typed or Printed Name)	A copy of this resignation was mailed to the above lis	sted corporation at its last known address.
(Signature of Resigning Agent) If signing on behalf of an entity: (Typed or Printed Name)	The agency is terminated and the office discontinued	on the 31st day after the date on which
If signing on behalf of an entity: (Typed or Printed Name) (Typed or Printed Name)	this statement is filed.	
If signing on behalf of an entity: (Typed or Printed Name) (Typed or Printed Name)		
If signing on behalf of an entity: (Typed or Printed Name) (Typed or Printed Name)	Addi	
(Typed or Printed Name) (Typed or Printed Name)	(Signature of Resign	ning Agent)
(Typed or Printed Name) (Typed or Printed Name)	If signing on behalf of an entity:	D. D.
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	(Typed or Printed	IName)
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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