

S18615

Requester's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

**FILED**  
 98 NOV 27 AM 11:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- Walk in     
  Pick up time \_\_\_\_\_     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

900002695429--8  
 -11/24/98--01062--003  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ON S18615  
 11-27-98  
 RA RD  
 APD

Examiner's Initials	
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Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statutes, the undersigned, C T CORPORATION SYSTEM hereby resigns as (name of registered agent) Registered Agent for TRANS-CARGO ATLANTIC, INC. (name of corporation)

ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA

A copy of this resignation was mailed to the above listed corporation at its last known address. c/o Attorney's Collection Agency, Inc. 200 Union Boulevard, Suite 430 Denver, Co. 80228 Attn: Lisa A Profitt LIC Agent

The agency is terminated and the office discontinued on the 31st day after the date on which the statement was filed.

Handwritten signature of Jim Smith, Assistant Secretary

FILED 8 NOV 27 11:39 AM 1999 SECRETARY OF STATE TALLAHASSEE FLORIDA

FEE FOR FILING THIS DOCUMENT: \$87.50-Active Corporation \$35.00-Administratively Dissolved Corporation