525796

(Re	questor's Name)	
(Add	dress)	
	dress)	
(City	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



400011199954

02/04/03--01016--009 **87.50

OSFEB-7 PH 2: 14
ALLAHASSEE, FLORIE

Salara Sa

TRANSMITTAL LETTER

	ivision of Corporations
SUBJECT	T: PLD International Corporation
	(Name of Corporation)
DOCUM	ENT NUMBER: S25796
The enclo	sed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please retu	urn all correspondence concerning this matter to the following:
James (C, Evans
	(Name of Person)
Catlin S	Saxon Evans Fink Kolski & Romanez, P.A.
	(Name of Firm/Company)
169 E. F	Flagler Street, Suite #1700
	(Address)
Miami, F	Florida 33131
	(City/State and Zip Code)
For furthe	er information concerning this matter, please call:
James C	C. Evans at (305) 371-9575
	(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,James C. Evans
(Name of Registered Agent)
hereby resigns as Registered Agent for PLD International Corporation
(Name of Corporation)
\$25796 ⁻
(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)

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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