L0300036207

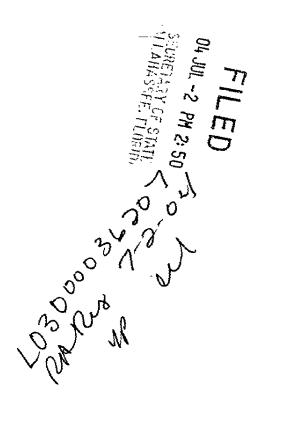
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	- 1,120
(Cit	ty/State/Zip/Phone	:#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	un -
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	·	

Office Use Only



200038124902

07/01/04-01026--010 **85.00



ROBERT C. REED RICHARD O. MAZANEC JOHN D. WHEELER OF COUNSEL:

ROBERT E. PFAFF

LAW OFFICES OF

REED, MAZANEC & WHEELER, LTD.

1801 EAST NINTH STREET • SUITE 1710 CLEVELAND, OHIO 44114

> TELEPHONE: 216/522-0800 FAX: 216/522-0859 E-MAIL: RMWLAWFIRM.COM

> > June 23, 2004

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

Re: Pacesetter Logistics, LLC

Dear Sir:

Enclosed please find your form Transmittal Letter and Resignation of Registered Agent for Pacesetter Logistics, LLC. by which John Shields resigns as registered agent for this limited liability company. I also enclose our firm check in the amount of \$85 representing your filing fee for same.

By copy of this letter I am also sending a copy of the Transmittal Letter and Resignation of Registered Agent to Mr. Vince Lapi, the principal officer of Pacesetter Logistics, LLC and am informing him that he must cause a substitute registered agent to be appointed in Florida.

I also enclose a copy of the Registration of Registered Agent. If possible, please time stamp and return the copy to me in the enclosed self addressed, stamped envelope.

RCR/gap Enclosures

Cc: Vince Lapi, 3 page by fax to (201) 327-6125

John Shields

Rcr/lineofsight/pacesetter/amendmentsection01

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Pacesetter Logistics, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: L 03 0000 36207
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert C. Reed, Esq. (Name of Person)
(Name of Firm/Company)
(Name of Firm/Company) 1801 E. 9th Street, Suite 1710 (Address)
Cleveland, Ohio 44114
(City/State and Zip Code)
For further information concerning this matter, please call:
Robert Reed at (216) 522-0800 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, F	lorida Statute	s, the undersig	ned,	
John Shields		. 1	hereby resigns	as	
	(Name of Registered Agent)			· -	•
Registered Agent for _	Pacesetter Logistics,	LLC		· · · · · · · · · · · · · · · · · · ·	, ;
	(Name of Limited Liability Comp	oany')			
L 03 0000 36		1	u v	, ere j	
A copy of this resignati	ion was mailed to the above listed limite	ed liability ec	ompany at its la	st known address.	
The agency is terminate	ed and the office discontinued on the 31	- - b -	he date on whi	ch this statement is i	īled.
If signing on behalf of	an entity:			EONE CON	?
	John Shields (Typed or Printed Nam	ne)		TEST OF	FIL
	(Capacity)		 .	H 2:5	ED

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314