L05000060841

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | ldress) | |
| (Ad | ldress) | - |
| (Cit | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | Office Use Onl | W. |



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11/23/09--01006--007 **25.00

CORLCMMRES

B. KOHR

NOV 2 3 2009

EXAMINER

09 NOV 20 PM 2: 54

THE WAS TARY OF STATE

| CORPDIRECT AGENTS, INC. (515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 | formerly CCRS) | |
|--|--------------------------------|-------------------------|
| FILING COVER SHEET ACCT. #FCA-14 | | |
| CONTACT: ASHLEY | <u>SMITH</u> | OS MUN 20 PH 2: 55 |
| DATE: <u>11-20-200</u> | <u>9</u> | O 23 33 5 |
| REF. #: 001528.11 | 4763 | 2: 55 Allen |
| CORP. NAME: PDC LO | GISTICS, LLC | |
| | () ARTICLES OF AMENDMENT | |
| () ANNUAL REPORT | () TRADEMARK/SERVICE MARK | () FICTITIOUS NAME |
| () FOREIGN QUALIFICATION | () LIMITED PARTNERSHIP | () LIMITED LIABILITY |
| () REINSTATEMENT | () MERGER | () WITHDRAWAL |
| () CERTIFICATE OF CANCELLATI | OIY | |
| STATE FEES PREPAID V | with check# <u>532650</u> | FOR \$ <u>85.00</u> |
| AUTHORIZATION FOR | ACCOUNT IF TO BE DEBITE | CD: |
| | COST LI | MIT: \$ |
| PLEASE RETURN: | | |
| () CERTIFIED COPY (() CERTIFICATE OF STATUS |) CERTIFICATE OF GOOD STANDING | (XX) PLAIN STAMPED COPY |

Examiner's Initials





09 NON 20 PM 2: 55

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | limited liability company as | it appears on the records | of the Florida Department |
|--|--------------------------------------|----------------------------|---------------------------|
| of State is: PD | C Logistics, LLC | | |
| | oility company was organized | l under the laws of: | |
| Florida | | • | |
| 3. The Florida doct L05000060 | ument/registration number of 0841 | this limited liability com | pany is: |
| 4. I, Lawrence | | , hereby resign as a _ | Manager |
| (Print N | lame of Person Resigning) | | (Print Title) |
| of this limited lia resignation in wr | bility company and affirm the iting. | e limited liability compan | y has been notified of my |
| Signature of Resi | gning Member, Managing M | lember or Manager | |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |