L07000007710

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600098442206

PA Resignation

04/25/07--01044--023 **110.00



INTERNATIONAL LAW BUILDING

3974 TAMPA ROAD, SUITE A OLDSMAR, FLORIDA 34677 (813) 855-4663 FAX 813-855-4893 E-MAIL: KUTCHINS@MSN.COM

*ADMITTED TO PLORIDA & MICHIGAN BAR

BRYAN A. KUTCHINS*

ROBERT C. BISHOP*

April 24, 2007

MAILING ADDRESS: P.O. BOX 1063 OLDSMAR, FLORIDA 34677

VIA FEDERAL EXPRESS - OVERNIGHT DELIVERY

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: LSI Trucking, LLC

Dear Sir/Madam:

Enclosed please find the following documents regarding the above-referenced LLC:

- 1. Transmittal Letter and Resignation of Registered Agent for a Limited Liability Company for LSI Trucking, LLC signed by Mr. Lawrence R. Schnare (1 original);
- 2. Cover Letter and Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company for LSI Trucking, Inc. signed by Mr. Lawrence R. Schnare (2 originals); and,
- 3. Kutchins & Bishop, P.A. check #7351 in the amount of \$110.00, representing payment for the above-referenced filings.

Thank you in advance for your attention to this matter. Should you have any questions, please do not hesitate to contact the writer.

Very truly yours,

Bryan A. Kutchins, Esquire KUTCHINS & BISHOP, P.A.

BAK/Imw Enclosures

cc: Mr. Lawrence R. Schnare

Mr. Philip J. Wilk, C.F.E. via facsimile (727) 538-7326 and U.S. Mail

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LSI Trucking, LLC (Name of Limited Liability Company)
• • • •
DOCUMENT NUMBER: <u>L</u> 07000007710
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:
Bryan A. Kutchins, Esq.
(Name of Person)
Kutchins & Bishop, P.A.
(Name of Firm/Company)
(commercial transfer of the commercial transfer
3974 TAMPA ROAD, SUITE A
(Address)
OLDSMAR, FL 34677
(City/State and Zip Code)
For further information concerning this matter, please call:
•
BRYAN A. KUTCHINS, ESQUIRE (Name of Person) (Area Code & Daytime Telephone Number)
(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 limite 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 provis	ions of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,	题 25
Lawrence R. Schnare		, hereby resigns as	SCHOOL PRINT
	(Name of Registered Agent)		7.0
Registered Agent for	LSI Trucking, LLC		OFF R
	(Name of Limited Liability Co	mpany)	,
1 07000007740			
<u> L</u> 07000007710	<u> </u>		
(Document Ni	umber, if known)	•	
	tion was mailed to the above listed limited and the office discontinued on the	31st day after the date on which this	
If signing on behalf of	fan entity:		
	(Typed or Printed N	Jame)	
	(Capacity)		

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