

L 08000053741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

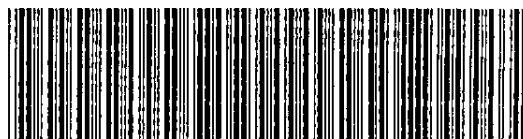
(Business Entity Name)

(Document Number)

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11 MAY - 6 AM 8:40

RA Resign.

05/16/11

Dc

## COVER LETTER

**TO:** • Amendment Section  
• Division of Corporations

**SUBJECT:** BRICK MOUNTAIN TRUCKING, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L08000053741

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:

John Chi  
Name of Person

PACER HEALTH CORP.  
Name of Firm/Company

14100 PALMETTO FRONTAGE RD. #110  
Address

MIAMI LAKES, FL 33016  
City/State and Zip Code

Jchi@pacerco.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Chi at ( 305 ) 828-7660  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

PACER HEALTH CORPORATION, hereby resigns as  
Name of Registered Agent

Registered Agent for BRICK MOUNTAIN TRUCKING, LLC  
Name of Limited Liability Company

L08000053741  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company 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:

John Chi  
Typed or Printed Name  
Corporate Representative  
Capacity

### **FILING FEES:**

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

11 MAY - 6 AM 8:40

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