L11000100906

(Requestor's N	lame)			
(Address)				
(Address)				
(City/State/Zip	/Phone #)			
PICK-UP W	AIT MAIL			
(Business Ent	ity Name)			
(Document Number)				
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12 OCT 19 PH 12: US SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE OCT 22 2012 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	*	
SUBJECT: ADVANCER LOGISTICS, LLC (Name of Limited Liability Control of Liab	Company)	
The enclosed member, managing member or manager refiling.	signation and fee(s) are submitted t	or
Please return all correspondence concerning this matter t	o:	
CHARLES TAY		
(Contact Person)		
TAY & ASSOCIATES		
(Firm/Company)	A STATE OF THE STA	
701 BRICKEL AVENUE 1480	Fallahassee, Floring July 1	
(Address)	The third of the two of the two	SEC
MÍÁMI FL 33131	•	CRET
(City/State and Zip Code)		388V ANVL 61
For further information concerning this matter, please ca	ill:	STATE OF STATE
CHARLES TAY at (786		AND
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florid \$25 Filing Fee	a Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Carallahassee, Florida 32301	Tallahassee, Florida 32314	
CR2E079 (5/06)	· •	



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it /ANCER LOGISTICS		of the Florida De	partment
2. This limited liabi	lity company was organized u	under the laws of:		FIL 12 OCT 19 SEURETAR SEURITAR
3. The Florida docu <u>L1100010</u>	ment/registration number of t 0906	his limited liability com	pany is:	NRY OF STATE
4. I. CHARLES	TAY	, hereby resign as a	MANAGER	oper.
	me of Person Resigning)	,, <u></u> ,	(Print Title)	
resignation in wri	oility company and affirm the ting. Solution of the company and affirm the ting. Solution of the company and affirm the ting.		y has been notifi	ed of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			