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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: LANE LOGISTIX, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

RHONDA L CACARO

(Contact Person)

LANE LOGISTIX, LLC

(Firm/Company)

10060 SW 57TH COURT

(Address)

PINECREST, FL 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

RHONDA L CACARO ",954 ,646-0664

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

□ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

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

CR2E079 (5/06)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a	ppears on the records of	of the Florida Department
2. This limited liabilit FLORIDA	y company was organized un	der the laws of:	
3. The Florida docum	ent/registration number of th	is limited liability comp	pany is:
4. I, MICHAEL LANE		hereby recion as a	MGRM
	e of Person Resigning)	, hereby resign as a _	(Print Title)
Mellen	ity company and affirm the ling.  Ing Member, Managing Men		y has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ASSEELFLB

CR2E079 (5/06)