## P0000114421

(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



500036246865

05/26/04--01029--004 \*\*35.00

O4 MAY 26 PM 4: 30
TÄLLAHASSEE, FLORIDA

CD/Res all/04

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: LOGISTICS MANAGEMENT SYSTEMS, INC. (Name of Corporation)
DOCUMENT NUMBER: <u>P00000 11 4421</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
ED COLLING (Name of Person)  ED COLLING (Name of Person)
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  ED COLLING (Name of Person)  LOGISTICS MANAGEMENT SYSTEMS, INC. (Name of Firm/Company)
5320 LITTLE Rd # 177 (Address)
TRINITY FL. 34655 (City/State and Zip Code)
For further information concerning this matter, please call:
DEBORAH COLLINS at (727) 697-3738  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E044(11/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I,	ED COLLI	NS_	, hereby resign	as VICE-	PRES 1,	PENT
of <u></u>	LOGISTICS	MANR G	EMENT ation)	SYSTEM	19, IN	<u>2</u> ,
Poc	OOOO 114421 (Document Number, if know	, a corp	oration organized	l under the laws of	the State of	
	FLORIDA		·-			
		Good (Signature)	Lolle of resigning officer/d	irector)	SEVIKETA TALLAHA	92 MAY 26
		(Signature C	of resigning officerio	nectory	AKY OF S SSEE, FI	32 E
					OS IA	<b>ւ</b> ։ 3(

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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