

L06000096267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BIG TENN TRUCKING OF JACKSONVILLE 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:

ADAM SHAW

(Contact Person)

BIG TENN TRUCKING OF JACKSONVILLE LLC

(Firm/Company)

13924 BRADLEY COVE RD

(Address)

JACKSONVILLE, FLORIDA 32218

(City/State and Zip Code)

For further information concerning this matter, please call:

SAYED WALKER

(Name of Contact Person)

at ( 904 ) 860 - 5918

(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

**MAILING ADDRESS:**

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

CR2E079 (5/06)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BIG TENN TRUCKING OF JACKSONVILLE LLC

2. This limited liability company was organized under the laws of: FLORIDA

3. The Florida document/registration number of this limited liability company is: L06000096267

4. I, SAYED WALKER, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Oct. 4, 2007

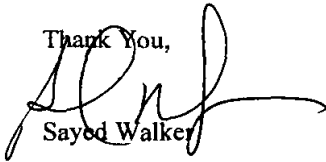
Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Sayed Walker  
10912 Lydia Estates Dr.  
Jacksonville, Florida 32218

To Whom It May Concern:

Please remove my name and address from any online documentation associated with  
Tenn Trucking Of Jacksonville, LLC, for I am no longer a member of the company.

Thank You,

  
Sayed Walker

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