

L010000020502

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Resignation
of
RA

12/13/04 11:40 AM

FILED

04 DEC 14 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR
12/14/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Resignation of Registered Agent

(Name of Limited Liability Company)

DOCUMENT NUMBER: L01 0000 20502

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:

Jeffrey S. Compton

(Name of Person)

Truck Image, LLC

(Name of Firm/Company)

3475 SE 41st Place

(Address)

Ocala FL 34475

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

FILED
DEC 14 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Charles E. Fletcher

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Truck Image, LLC

(Name of Limited Liability Company)

L01000 020502

(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.

Charles E. Fletcher

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILING FEES:

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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