10200032552

(Re	equestor's Name)			
(Address)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
	·			
(Document Number)				
(50	edition (value)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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O7 MAR 29 PH 3: 45
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: THE TRUCKERS HELPE (Name of Limited)	ER, LLC	
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for	
Please return all correspondence concerning thi	s matter to:	
John Ewing	· · ·	
(Contact Person)		
The Truckers Helper, LLC	O7.	
(Firm/Company)	MAR AHA AHA	
630 S Wickham Rd. Ste 203	SSEE	
(Address)	7	
Melbourne, Fl. 32904	MAR 29 PH 3: 45 CRETARY OF STATE AHASSEE FLORIDA	
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
John Ewing a	1 ₁ 321 _) 956-7331	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to t \$25 Filing Fee	he Florida Department of State for: \$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	rananassee, rionaa 32317	

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 a Truckers Helper, LLC	ppears on the records of th	ne Florida Department		
2. This limited liab Florida	ility company was organized un	der the laws of:	07 MAR 29 SECRETARY TALLAHASSE		
3. The Florida doct L0200032	ument/registration number of thi	is limited liability company	PH 3: 45 OF STATE EFLORIDA is:		
_{4. I,} Brian J Wilson		, hereby resign as a member			
(Print Name of Person Resigning)			(Print Title)		
of this limited lia resignation in wr	bility company and affirm the liniting.	mited liability company ha	s been notified of my		
Signature of Res	gni ng M ember, Managing Men	iber or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				