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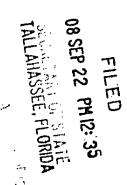
| (Requestor's Name) | | | |
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| (Address) | | | |
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| (City/State/Zip/Phone #) | | | |
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| PICK-UP WAIT MAIL | | | |
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| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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B. KOHR

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: BST Dung TRU (Name of Limited) | CK & TRACTOR Service (1 Liability Company) |
| The enclosed member, managing member or ma filing. | anager resignation and fee(s) are submitted for |
| Please return all correspondence concerning this | s matter to: |
| Claude Richard Smi | 1ALLAHASS |
| PST Demp Truck Ser | SSEE, FLORI |
| POROX 5417 63 (Address) | ORIDA |
| Manifi ISLAND FIA (City/State and Zip Code) | 32954 |
| For further information concerning this matter, j | please call: |
| (Name of Contact Person) at | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the \$25 Filing Fee | ne Florida Department of State for: \$55 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |

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 T Dom? TRuck MV | | lorida Department |
|---|---|----------------------------------|--------------------|
| _ | ility company was organized un | nder the laws of: | 08 SEP 22 PM |
| | ument/registration number of th | is limited liability company is: | |
| 4. 1, Claude R (Print N | ame of Person Resigning) | , hereby resign as a | Print Title) |
| of this limited lial resignation in wri | pility company and affirm the liting. | mited liability company has be | een notified of my |
| Signature of Resi | gning Member, Managing Men | nber or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |