

208000005932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

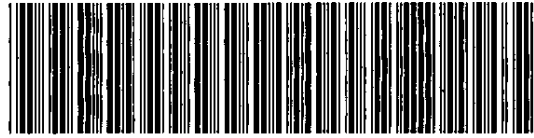
(Document Number)

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

Special Instructions to Filing Officer:

A. LUNT  
MAY - 6 2010  
EXAMINER

Office Use Only



700180002687

05/04/10--01019--018 \*\*55.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAY -4 PM 2:04

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Total Equipment Company, 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:

Darren Baxley  
(Contact Person)

Total Equipment Company, LLC  
(Firm/Company)

5606 Downing Street  
(Address)

Dover, Florida 33527  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy Harkness (Registered Agent) at ( 813 ) 504-2336  
(Name of Contact Person) (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)

2010 MAY -4 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Paid ck # 2313 amt \$ 55.00 Included



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: Total Equipment Company, 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: L08000005932

4. I, Michael R O'Neal, hereby resign as a Manager/Partner  
*(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.

Michael R. O'Neal 12-31-09  
Signature of Resigning Member, Managing Member or Manager

2010 MAY -4 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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