

L10000045688

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*Resignation
of RA*

05/18/10--01001--008 **110.00

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10 MAY 17 PM 3:06

DEPT. OF H. & S. STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 MAY 17 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DF
5/17/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FRS TRAILER SALES L.L. C.
Name of Limited Liability Company

DOCUMENT NUMBER: L10000045688

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:

LARRY O. STROM

Name of Person

FRS TRAILER SALES L.L.C.

Name of Firm/Company

3127 W. TENNESSEE ST.

Address

TALLAHASSEE, FL 32304

City/State and Zip Code

BBRINSON@CHAMPIONCHEVY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARRELL T. REVELL

Name of Person

at (850) 576-4000

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
10 MAY 17 PM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTHUR S FREEMAN

_____, hereby resigns as
Name of Registered Agent

Registered Agent for **FRS TRAILER SALES L.L.C.**

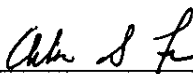
Name of Limited Liability Company

L10000045688

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.



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**