DOCUMENT # L9700000027 1. Entity Name TRUCKERS BUSINESS SERVICES, LC					100 MAY - 3 PM 3: 35				
									INOONLII
Principal Place	o of Puninger	Mailing Address			{	VALLAMASS	EE, FLORIDA		
2189 CLEVELA				,					
SUITE 210 SUITE 210 CLEARWATER FL 33765 CLEARWATER FL 33765-3213									
CLEARWATER FL 33765-3213				•					
2. Principal Place of Business 2.99 CLEVE				ST	j III	 	JCIIX BAIXI OBILI BBILI BBILI	{ 	
Suite Ant # etc Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE			
SUITÉ 206 SUITÉ 206						4. FEI Number Applied For			
CLEARWATER FL CL		CLEARWATER	CLEARWATER FL		4. ([1140)	59-3417413	No	t Applicable	
Zip 33 7	Country 265	^{Zip} 33765	Country		5. Certific	ate of Status Desired	□ \$5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent				and Address of New Reg	istered Agent		
Name 6.									
MAYER, G.T. 2189 CLEVELAND ST.				Street Address (P.O. Box Number is Not Acceptable) 2189 CLEVELAVI)					
SUITE 210				SUITE 706					
CLEARWATER FL 33765				City CLEARWATER FL Zip Code 335765					
8. The above	named entity submits this statement fo	r the purpose of changing its	registered offic	ce or register	red agent, or	both, in the State of Florid	da.	l	
SIGNATURE .	2: Man	n				4/27/2000			
SIGNATORE :	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent	signature require	d when reinstating		DATE		
		FILE NO Make Check Pa	W!!! FEE!		of State			ļ	
		Make Check Fa	yable to be	Jai tiligili t	or Otale				
9.	MANAGING MEMB	ERS/MEMBERS Delete	10. TITLE			ADDITIONS/C	Change	Addition	
TITLE NAME	MGR MAYER, G.T.		NAME		a 0151	TELAND ST	SUITE	206	
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STREET ADDRESS	:		STREET ADD	1	•			ĺ	
CITY-ST-ZIP	1		CITY-\$1-21	r 1				1	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Daytime Phone #