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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : INCORPORATING SERVICES FL

Account Number : 120050000052

Phone : (302)531-0855

Fax Number

: (866)223-0765

## REGISTERED AGENT RESIGNATION

## MICHAEL S. WORMALD TRUCKING LLC

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SECRETARY OF STATE DIVISION OF CORPORATIONS

2007 APR 18 AM 10: 25

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuam to the provis	ions of section 608.416(2) or 608 509, Florida St	atutes, the undersigned,
INCORPORATION	NG SERVICES, LTD.	, hereby resigns as
<del></del>	(Name of Registered Agent)	• •
Registered Agent for	MICHAEL S. WORMALD TRUCKING	LLC
	(Name of Limited Liability Company)	
M05000001980	,	
(Document Nu	ımber, if known)	•
A copy of this resigna	tion was mailed to the above listed limited liabili	ty company at its last known address
The agency is termina	ted and the office discontinued on the 31st day as	fter the date on which this statement is filed
	Melina A. Muy (Signature of Resigning Agent)	
If signing on behalf of	an entity:	11 No.
	MELISSA A. MURRY	
	(Typed or Printed Name) ASSISTANT SECRETARY	<del></del>
	(Canacity)	

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\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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