## L080000 77682

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer.	
	i

Office Use Only



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OP OCT ILL PM 4: 04

09 OCT 14 AN 9: 04

B. KOHR

OCT 15 2009

**EXAMINER** 



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

**HOLD** FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

183550					
	October 13, 2009				

			183550	
EHING & SEARCH			October 13, 2009	
SERVICES Sa	CORPORATION NAME (S) AND DOCUMENT NUMBER Sachelle LLC			
			-	
			<b>3</b>	
Filing Evidence  ☑ Plain/Confirmation (	Сору	Type of Docume  ☐ Certificate of State		
□ Certified Copy		☐ Certificate of Goo	od Standing	
		□ Articles Only		
		□ All Charter Docu	ments to Include	
Retrieval Request		Articles & Amen		
□ Photocopy		☐ Fictitious Name (	Certificate	
<ul><li>Certified Copy</li></ul>		□ Other		
NEW FILINGS		AMENDMENTS		
Profit		Amendment		
Non Profit	X	Resignation of RA Officer/Director		
Limited Liability		Change of Registered Agent		
Domestication		Dissolution/Withdrawal		
Other		Merger		
OTHER FILINGS		REGISTRATION/QUALIFICATION		
Annual Reports		Foreign		
Fictitious Name		Limited Liability		
Name Reservation		Reinstatement		
Reinstatement		Trademark		
		Other		

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 6	08.416(2) or 608.509, Flo	rida Statutes, the undersigned,
UCC Filing & Sear	ch Services, Inc	, hereby resigns as
Name of Regist		
Registered Agent for	Sache	elle LLC
	Sachelle LLC	<b></b>
Nan	ne of Limited Liability Compan	y
L08000077682		
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	Edward Ha	day after the date on which this statement is filed.
	Signature of Resigni	ng Agent
If signing on behalf of an entity:		
W. E Pres	Typed or Printed Name ident  Capacity	nd

Active limited liability company
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withdrawn limited liability company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