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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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B. BOSTICK SEP 1 1 2013

EXAMINER



September 3, 2013

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To the Person with the Most Knowledge:

Please find two Resignations of Registered Agent for a Limited Liability Company and two Resignations of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company for SFT Commissary LLC and Made to Order LLC along with a check for \$280.00 filing fees.

If you should have any questions or concerns, please feel free to contact my office.

Sincerely,

George Castrataro, MPH, Esq.

GC/sav

2013 SEP -9 PM 3: 20

Phone: 954-573-1444 • Fax: 954-573-6451 • www.lawo

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	of section 608.416(2) or 608.509, Florida Statutes, the	: undersigned,
Oren N. Bass	1 N. Bass , hereby resigns as	
Registered Agent for Ma	•	
	Name of Limited Liability Company	,
L10000057917	ber, if known	
A copy of this resignation	was mailed to the above listed limited liability compan	ny at its last known address.
The agency is terminated a	and the office discontinued on the 31st day after the dat	te on which this statement is filed.
If signing on behalf of an	entity:	2013. \$20 TALL
ve	Typed or Printed Name	MEGGE AND ALLAHASSE
~	Capacity	9 PH 3

FILING FEES: \$85.00 Active \$25.00 Admin 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Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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