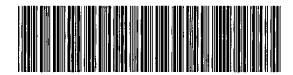
## L 0000000 2452

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

AUG 28 2009

**FXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SANROD, L.L.C.	
	ed Liability Company)
The enclosed member, managing member or a filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning t	his matter to:
BARRY W. BENNETT, ESQ.	•
(Contact Person)	700
Stanley Wines Bennett Murphy & He	ZIMBAUG 27 AM 11: O4 TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA
(Firm/Company)	ASS. 27
106 Avenue F, S.W.	严 王 己
(Address)	
Winter Haven, FL 33880	
(City/State and Zip Code)	····
For further information concerning this matter	r, please call:
Barry W. Bennett, Esq. (Name of Contact Person)	at ( 863 ) 299-1263 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to x \$25 Filing Fee	the Florida Department of State for:  \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability company as	it appears on the records of	of the Florida Department
of State is:	SANROD, L.L.C.		·
	ility company was organized	l under the laws of:	TALLAHASS
3. The Florida doct	ument/registration number of	f this limited liability comp	pany is:
4. I, MISAEL R	RODRIGUEZ	, hereby resign as a _	Manager
	lame of Person Resigning)		(Print Title)
of this limited lial resignation in wr	bility company and affirm th iting.	e limited liability company	/ has been notified of my
Signature of Resi	gning Member, Managing M	1ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		