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(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
	(O) . (7: (D)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		
Resign		
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G. MCLEOD

MAR - 7 2008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: SARHO, LLC	
(Name of Limit	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Phillip A. Buhler	
(Contact Person)	
Moseley, Prichard, Parrish, Knigh	nt & Jones
(Firm/Company)	
501 West Bay Street	
(Address)	
Jacksonville, Florida 32202	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Phillip A. Buhler	at (904) 356-1306
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
CR2E079 (5/06)	· · · · · · · · · · · · · · · · · · ·
	

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

of State is: SARHO, LLC	s it appears on the records of the	Florida Department
P. This limited liability company was organized Florida	d under the laws of:	
. The Florida document/registration number o	of this limited liability company is	s :
्रा Dora Sargeant	, hereby resign as a	Manager, and Membe
Print Name of Person Resigning)	, hereby resign as a	Manager, and Membe

CR2E079 (5/06)

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)