10400030901

(R	equestor's Name)						
(Ad	ddress)						
(Ar	ddress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bi	usiness Entity Nar	ne)					
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(Document Number)							
Certified Copies	Certificates	s of Status					
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Special Instructions to	Filing Officer:						

Office Use Only



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SECRETARY OF STATE



TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sugarcreek Capital, LLC (Name of Limited Liability Company) DOCUMENT NUMBER: L0400030901
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
(Name of Firm/Company)
201 South OR Ange Ave #1510
ORlando FL 3280/ (City/State and Zip Code)
For further information concerning this matter, please call:
Tohu at (407) 514-120/ (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E: Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

ruisuant to the provision	s of section 000.410	(2) or 008.309, Fiori	da Statutes, the ur	idersigned,		
John 1	N. DUE	Brule	, hereby re	esigns as		
	(Name of Registered Ag	ent)		•		
Registered Agent for	Sugarchi	eck CAF	ital,	LLC		
	J			* * * * * * * * * * * * * * * * * * *		
	(Name of Li	mited Liability Company)			
L0400003	30901					
(Document Numb	er, if known)			· -		
A copy of this resignation	n was mailed to the a	above listed limited li	ability company	at its last known	address.	
The agency is terminated	and the office disco	ontinued on the 31st of	lay after the date	on which this stat	tement is f	filed.
If signing on behalf of an		lature of Resigning Agent)			= =
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	C	Typed or Printed Name)			2006 APR 28	SE
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		(Capacity)			28	
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	\$ 85.00	Active limited liab	ility company		= ,	500
	\$ 25.00	Active limited liab Administratively of withdrawn limited	lissolved/volunta I liability compar	arily dissolved/ ny		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314