C04000037437

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

Office Use Only



100224858991

03/26/12--01011--029 **135.00

T. CLINE MAR 2 8 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Southern Florida Gas, LLC	
(Name of Limited Liab	vility Company)
The enclosed member, managing member or manag filing.	er resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	itter to:
Christopher Ponsoldt	
(Contact Person)	
(Firm/Company)	
2754 SW Martin Downs Blvd. #240	
(Address)	
Palm City, FL 34990	
(City/State and Zip Code)	
For further information concerning this matter, please	se call:
Michael Edwards, P.A. at (772 、335-4949
(Name of Contact Person) (Are	o Code & Daytima Talanhana Numban II.
Enclosed please find a check made payable to the Fl	orida Department of State for:
V	Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as inthern Florida Gas, LL		of the Florida Department
2. This limited liabi	lity company was organized	under the laws of:	
3. The Florida docu <u>L04000037</u>	ment/registration number of 437	this limited liability com	npany is:
	Unlimited Corp	, hereby resign as a	Managing Member (Print Title)
of this limited liab	oility company and affirm the ting.	limited liability compar	ny has been notified of my
Signature of Resi	gning Member, Managing M	ember or Manager	OIZ MAR YELRETALLAMA
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ARY DE ST