L05000001808

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SDRC, SARC	
	Art of Inc. File LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
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DEPARAMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2006

RE-SUBMIT

Capital Connection, Inc. 417 E. Virginia Street Suite 1 Tallahassee, FL 32301

SUBJECT: SDRC, L.L.C. Ref. Number: £05000001808

We have received your document for SDRC, L.L.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is for a corporation instead of a limited liability company. I have enclosed the correct form for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Document Specialist

Letter Number: 006A00066673

RE-SUBMIT

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608	1.509, Florida Statutes, the undersigned,
Eng & Littman	, hereby resigns as
(Name of Registered Agent)	•
Registered Agent for <u>SORC</u> , <u>2</u> <u>2</u>	<u>12</u>
(Name of Limited Liabi	lity Company)
(Document Number, if known)	
A copy of this resignation was mailed to the above list	ed limited liability company at its last known address.
The agency is terminated and the office discontinued of	on the 31st day after the date on which this statement is filed.
(Signatur-of Re	Doming A pent)
(Signature of Re	without uterry
If signing on behalf of an entity:	06 D
(Typed or Pa	rinued Name)
(Сърва	

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withdrawn limited liability company

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