## 105000082189

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	·
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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06 JUN-2 PM 3: 00
SECRETARY OF STATE
ALLAHASSEF, FLORIDA

or sign

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SDG, LLC
(Name of Limited Liability Company)
DOCUMENT NUMBER: L05000082189
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:
Gary Ian Nesbitt, Esq.
(Name of Person)
Fromberg, Perlow & Kornik, P.A.
(Name of Firm/Company)
18901 NE 29th Avenue, Suite 100
(Address)
Aventura, Florida 33180
(City/State and Zip Code)
For further information concerning this matter, please call:
Gary Ian Nesbitt, Esq. at ( 305 ) 933-2000 (Area Code & Daytime Telephone Number)
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

INHS17(11/02)

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

TO:

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509,	Florida Statutes, the undersigned,			
Yizhak Toledano		, hereby resigns as	herehy recians as		
	(Name of Registered Agent)	, neroby resigns us			
Registered Agent for _	SDG, LLC				
	(Name of Limited Liability Con	npany)	,		
L05000082189					
(Document Nun	nber, if known)				
A copy of this resignati	on was mailed to the above listed limi	ted liability company at its last known ac	ldress.		
The agency is terminate	ed and the office discontinued on the 3	alst day after the date on which this state.  Agent)	ment is filed.		
If signing on behalf of a	-/	.ACE	. <b>360</b>		
	(Typed or Printed Na	me) A	FIL JUN-2 CRETARY		
	(Capacity)	EE. FLOR	F SI O		

## **FILING FEES:**

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ withdrawn limited liability company

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