100000100993

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

Office Use Only



500122701825

04/10/08--01028--001 ++50.00

OB APR 10 PM IZ: L9

D. BRUCE

APR 1 0 2008

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: MRB Petroleum, LLC		 -	
(Name of Limited	1 Liability Company)		
The enclosed member, managing member or ma	anager resignation and fee(s) are submitte	ed for	
Please return all correspondence concerning this	s matter to:		
Arifur Bhandari			
(Contact Person)			
MRB Petroleum, LLC	4		
(Firm/Company)		08 A	
18024 Malakai Isle Drive	AHAS:	08 APR 10 PH 12: L9	
(Address)	iuo iu≺	70 #	
Tampa, FL 33647	FLORIO.	:2 X :2	
(City/State and Zip Code)	IDA DA	67	
For further information concerning this matter, p	please call:		
Arifur Bhandari at	813 383-3352		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	•	
Enclosed please find a check made payable to the	he Florida Department of State for:		
▼ 323 Fining rec	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 32314		

CR2E079 (5/06)

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 RB Petroleum, LLC	it appears on the records	s of the Florida Department
2. This limited liab	nility company was organized	l under the laws of:	
1 11113501048	gricourty	·	
3. The Florida doc L0600010	ument/registration number of	f this limited liability con	npany is:
_{4. I,} Hammadu	ır Bhandari	, hereby resign as a	Managing Member
	ame of Person Resigning)	 	(Print Title)
of this limited lia resignation in wr	bility company and affirm th iting.	e limited liability compa	ny has been notified of my
Signature of Res	igning Member, Managing M	fember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		OR APR 10 PM 12 SEGRETARY OF STALLAHASSEE, FLOO