

LO700000440

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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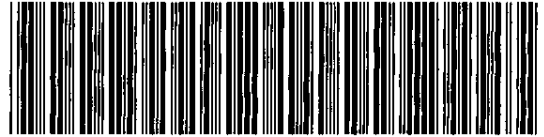
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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@ 5/21/08

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SAGARO & OROSA REALESTATE TRUST, LLC  
(Name of Limited Liability Company)

DOCUMENT NUMBER: 60700000440

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:

MICHAEL C. SAGARO  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

3200 NE 40TH COURT  
(Address)

FT. LAUDERDALE, FL 33308  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL C. SAGARO at ( 954 ) 993-1865  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CIBRAN ELIAEK F LOPEZ PL

(Name of Registered Agent)

, hereby resigns as

Registered Agent for SAGARO F OROSA REAL ESTATE TRUST, LLC

(Name of Limited Liability Company)

LO7000004140

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

SANTIAGO ELIAEK

(Typed or Printed Name)

MANAGER

(Capacity)

08 MAY 14 PM 12:49

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

### FILING FEES:

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