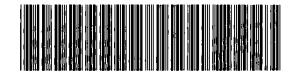
#107000079728

(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



600188834416

12/27/10--01015--009 **25.00

10 DEC 27 PM 4: 23
SECURITARY OF STATE

EXAMPLE DEC 28 2010



PERSONAL INJURY WRONGFUL DEATH

CIVIL LITIGATION

ESTATE PLANNING REAL ESTATE

TITLE INSURANCE

MARITAL & FAMILY

ENVIRONMENTAL

LAND USE

BUSINESS

ELDER LAW

ASSET PROTECTION

EARL D. FARR 1900 - 1988

EARL DRAYTON FARR, JR. 1926 - 2010

GUY S. EMERICH FL Bar Board Certified Wills, Trusts & Estates Lawyer

> JACK O. HACKETT II FL Bar Board Certified Real Estate Lawyer

CHARLES T. BOYLE FL Bar Board Certified Marital & Family Lawyer

DAROL H.M. CARR

DAVID A. HOLMES Certified Circuit Court Mediator

> GARY A. KAHLE FL Bar Board Certified Real Estate Lawyer

ROGER H. MILLER III

DOROTHY L. KORSZEN

WILL W. SUNTER

FORREST J. BASS

NATALIE C. LASHWAY

GEORGE T. WILLIAMSON

December 21, 1010

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Sarasota Office Solutions, LLC

Dear Sir or Madam:

Please find enclosed a Resignation of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company for Sarasota Office Solutions, LLC. If the amount on the check for this recording is insufficient, please call us in order to prevent any errors.

Should you have any questions, please do not hesitate to contact our office at 941-460-9334.

Very truly yours,

Dorothy L. Korszen

For the Firm

DLK/wr Enclosures

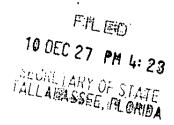
500359.0000.31

COVER LETTER

Division of Corporations	
SUBJECT: Sarasota Office Solution	s, LLC
DOBOECTI	d Liability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
Dorothy L. Korszen, Esq.	
(Contact Person)	
Farr Law Firm	
(Firm/Company)	
33 South Indiana Ave.	
(Address)	
Englewood, FL 34223	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Dorothy L. Korszen, Esq.	_{t (} 941 ₎ 460-9334
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
√ \$25 Filing Fee	\$55 Filing Fee &
	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
Tallahassee, Florida 32301	

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it an of State is: Sarasota Office Solutions, I	
2. This limited liability company was organized und Florida	ler the laws of: -·
3. The Florida document/registration number of this L07000079728	limited liability company is:
_{4. I,} Mark A. Deichman	, hereby resign as a Manager and Member
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lin resignation in writing.	nited liability company has been notified of my
Leve Ofin	-
Signature of Resigning Member, Managing Memb	per or Manager
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)