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(City/State/Zip/Phone #)					
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## **COVER LETTER**

Division of Corporations		
SUBJECT: Sonbahar LLC		
(Name of Limited	Liability Cor	mpany)
The enclosed member, managing member or ma filing.	mager resig	nation and fee(s) are submitted for
Please return all correspondence concerning this	matter to:	
MenderesAksu		
(Contact Person)		_
Sonbahar LLC		
(Firm/Company)		-
12897 Gettysburg Circle		
(Address)		_
Orlando FI 32837		
(City/State and Zip Code)		_
For further information concerning this matter, 1	olease call:	
Menderes Aksu	407	6174355 & Daytime Telephone Number)
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee		Department of State for: 655 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (5/06)

TO:

Registration Section



## 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	t appears on the records of the	he Florida De <sub>l</sub>	partment
of State is:	Son bahar	LLC.	<u> </u>	
2. This limited liab	ility company was organized u	under the laws of:	ELMETARY DE STA LLAHASSEE, FLOI	FILED NOV 12 PM 3:
3. The Florida docu	ument/registration number of t	this limited liability company	y is: $\overrightarrow{B}$	بب ب
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	dame of Person Resigning)	, hereby resign as a,	MGM (Print Title)	
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company ha	is been notifie	d of my
$\mathcal{M}_{\mathcal{C}}$	gning Member, Managing Me	ember or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			