## L08000042164

| A .                                     |
|---|
| (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



100183417911

07/26/10--01012--001 \*\*25.00

FILED

10 JUL 26 AM IO: 01

SECRETARY OF STATE
TAIL ANASSEE FLORIDA

JUL 2 7 2010

AL CHEROST

#### COVER LETTER

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Sintral Florida Derby Demons, UC (Name of Limited Liability Company)   |
| The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:   |
| - Jaanna Osterhout<br>(Contact Person)  Sintral Florida Devby Demons LC   |
| 306 S. Spring Garden Ave. (Address)   |
| Deland, FL 32720<br>(City/State and Zip Code)   |
| For further information concerning this matter, please call:  |
| Tocamo Osterhout at (386) 717-1737 (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 \$  Certified Copy   |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

CR2E079 (5/06)



# FILED 10 JUL 26 AM IO: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA

### 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 t   | he limited liability company as i        | it appears on the record   | s of the Florida Dep  | artment    |
|--------------------|--|----------------------------|-----------------------|------------|
| of State is:       | Sintral Florida T                        | Devloy Demons              | uc                    | •          |
|                    |  | , ; ; ;                    |                       | ***        |
| 2. This limited li | ability company was organized            | under the laws of:         |                       |            |
| 1                  | ocument/registration number of           | this limited liability con | mpany is:             |            |
| 4. I, VIC          | toria Marsh<br>Name of Person Resigning) | , hereby resign as a       | LLC Man (Print Title) | ager       |
|                    | liability company and affirm the         |                            |                       |            |
| /                  | esigning Member, Managing Me             |                            |                       | ,          |
| Signature of B     | esigning Member, Managing Me             | ember or Manager in the    |                       | <b>š</b> . |
| Filing Fee:        | \$25.00 (Required)                       |                            |                       |            |

Certified Copy:

\$30.00 (Optional)