

L08000093391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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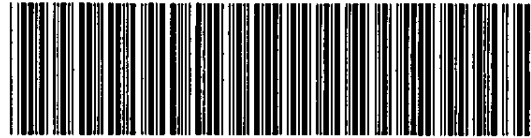
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE

SEP 22 2014

C. CARROTHERS

09/05/14

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sardo Investments LLC dba Flip it toner & Ink  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Mary Bostrom

\_\_\_\_\_  
Name of Person

Sardo Investments/ flip it toner & Ink

\_\_\_\_\_  
Name of Firm/Company

2335 Seven Springs Blvd.

\_\_\_\_\_  
Address

New Port Richey, FL 34655

\_\_\_\_\_  
City/State and Zip Code

MAREBARE442@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Bostrom

\_\_\_\_\_  
Name of Person

at ( 727 ) 226-2690

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FILED**  
**STATEMENT OF RESIGNATION OF REGISTERED AGENT**  
**FOR A LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**Mary Bostrom**

, hereby resigns as

\_\_\_\_\_  
Name of Registered Agent

Registered Agent for **Flip It Toner & Ink**


**Sardo Investments LLC**

\_\_\_\_\_  
Name of Limited Liability Company

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Capacity

**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**