L08000093706

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
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COVER LETTER

Division of Corporations	
SUBJECT: SOB 1, LLC	
	ited Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Matthew J. Mule'	
(Contact Person)	
SOB 1, LLC	2813 D
(Firm/Company)	TC -
13014 N. Dale Mabry Hv	vy; #357
(Address)	
Tampa, FL 33618-2808	RIDA RIDA
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Matthew Mule'	at (813) 784-6637
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Department of State for: \$\sum_{\text{\$\text{\$}}}\$
■ \$2.5 Fining Fee	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (5/06)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as it ap	opears on the records of the F	lorida D)epar	tment
of State is: SO	B 1, LLC				·
2. This limited liab Florida	ility company was organized unc	ler the laws of: 	TALLAHASS	2013 DEC -4	
3. The Florida docu L080000937	ument/registration number of this	s limited liability company is	Y OF STATE SEE ELORIDA 	, AH IO: 59	
4. I. Denver J. S	Stutler, Jr	_, hereby resign as a Manag	ging M	emb	er
, <u></u>	ame of Person Resigning)	(Print Title	e)	
resignation in wr	bility company and affirm the liniting. gning Member, Managing Member		een noti	fied (of my
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				