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SECRETARY OF STATE
AND AHASSEE, FLORIE

D. BRUCE
DEC 12 2011
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

CR2E079 (5/06)

SUBJECT: A. SANCHO TRANSLATIONS	s, uc
(Name of Limited Liability Con	
The enclosed member, managing member or manager resigniling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
PABLO ROTTENBERG (Contact Person)	
(Contact Person)	
A. SANCHO TRANSLATIONS, LLC	_
(Firm/Company)	
P.O. Box 291067 (Address)	
(Address)	HAR OF T
TEMPLE TERRACE FL 33687	PILED DEC -9 MII: 51 CREPARY OF STATE AHASSEE, FLORID,
(City/State and Zip Code)	FE ST
For further information concerning this matter, please call:	TATE ORIDA
PABLO ROTTENBERG at (813	, 760-9765
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	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 32301	Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it SANCHO TRANSL		of the Florida D	epartment	
	ity company was organized u		LLAHASSEE, FLO	11 DEC -9 AMIII	-
3. The Florida docum	ment/registration number of th	is limited liability con	FLORIDA	II: 5)	•
•	me of Person Resigning)				
resignation in writ	ility company and affirm the ling.	imited hability compa	ny nas been nour	led of my	
Signature of Resig	ming Member, Managing Men	nber or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				