

410000008912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

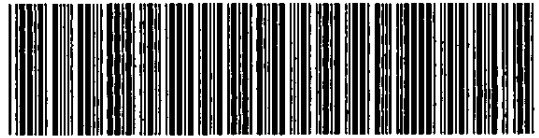
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500179953125

05/24/10--01012-- 012 \*\*25.00

FILED  
10 MAY 24 PM 4:06  
RECEIVED BY STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 25 2010

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S & R INVESTMENTS OF CENTRAL FLORIDA LLC  
(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:

AMEET A PUNWANI

(Contact Person)

PROFITS AND GAINS

(Firm/Company)

2240 TWELVE OAKS WAY SUITE 102

(Address)

<sup>S</sup>WELEY CHAPEL FL 33544

(City/State and Zip Code)

FILED  
10 MAY 24 PM 4:06  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

For further information concerning this matter, please call:

AMEET A PUNWANI at ( 813 ) 386-3144  
(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

☐ \$55 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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

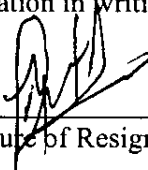
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: S & R INVESTMENTS OF CENTRAL FLORIDA LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L10000008912

4. I, RAJESH PATEL, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
10 MAY 24 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA