

L10000090716

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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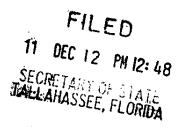


COVER LETTER

CR2E079 (5/06)

TO:	Registration Section	
	Division of Corporations	
SUBJ	ECT: SOFLO EQUIPMEN	NT, LLC
	(Name of	Limited Liability Company)
The enfiling.		er or manager resignation and fee(s) are submitted for
Please	e return all correspondence concern	ning this matter to:
STE	PHANIE BLAND	
	(Contact Person)	
SOF	LO EQUIPMENT, LLC	
	(Firm/Company)	
1220	02 NW 25TH ST	
	(Address)	
PLA	NTATION, FLORIDA 333	23
	(City/State and Zip Code)	•
For fu	rther information concerning this r	natter, please call:
STE	PHANIE BLAND	at (954) 372-7307
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payal \$25 Filing Fee	ble to the Florida Department of State for: \$55 Filing Fee &
P	aid by ck# 1080	Certified Copy
	ET/COURIER ADDRESS:	MAILING ADDRESS:
_	ration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building Executive Center Circle	P.O. Box 6327
	assee, 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

		it appears on the records of the Florida Department
of State is: SO	FLO EQUIPMENT, L	LC .
•		
2. This limited liab	ility company was organized FLORIDA	l under the laws of:
3. The Florida docu L10000090	_	f this limited liability company is:
_{4. I,} STEPHAN		, hereby resign as a MGRM
(Print N	ame of Person Resigning)	(Print Title)
of this limited lial resignation in wri		e limited liability company has been notified of my
Stepha	nierland	
Signature of Resi	gning Member, Managing M	lember or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	į