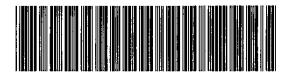
## 11000103080

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<del> </del>
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only

B. KOHR
FEB - 8 2012
EXAMINER



300219793793

02/06/12--01006--007 \*\*25.00

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SAN P	UBLISHING, LLC
(Nam	ne of Limited Liability Company)
The enclosed member, managing mentiling.	mber or manager resignation and fee(s) are submitted f
Please return all correspondence con-	cerning this matter to:
BIPIN	PATEL
(Contact Person)	
	IBLISHING, LLC
(Firm/Company)	
683 <i>5</i> 8	SITTERSWEET LANE
(Address)	
OR LAND (City/State and Zip Cor	0, FL 32819 de)
For further information concerning the	nis matter, please call:
BIPIN PATEL	at (407) 351 0035 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made partial \$25 Filing Fee	ayable to the Florida Department of State for:  \$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 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

# 12 FEB-6 AM 9: 08

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

1. The name of the li	mited liability	company as it	appears on the records of	of the Florida Department
of State is:	SAN	PUBLI	SHING, LL	<u> </u>
2. This limited liabili	ity company w	as organized u	nder the laws of:	
Ro	RIDA		*	
•				
3. The Florida docum	nent/registratio	n number of th	nis limited liability comp	oany is:
	_		_ L11000 103	
		0	11000 100	
4.I. NO	ËL PA	TEL	, hereby resign as a	SHAREHOLDER (Print Title)
(Print Nat	ne of Person Resi	gning)		(Print Title)
of this limited liabi resignation in writi		od affirm the l	imited liability company	has been notified of my
Moil	Pate 1			
Signature of Resign	ning Member,	Managing Mc	nber or Manager	
•				
Filing Fee:	\$25 00 (Page	nirad)		
Certified Copy:				
	·			

J Name and address of each shareholder or former shareholder required to consent to the election.	K Shareholders' Consent Statement. Under penalties of perjury, we declare that we consent to the election of the above-named corporation to be an S corporation under section 1582(a) and that we have examined this consent statement, including accompanying schedules and statements.		Stock owned or percentage of ownership (see instructions)		M . Social security number or employer	N Shareholder's tax year ends
(See the instructions for column K.)	and to the best of our knowledge and belief, it is complete. We understand our consent is binding withdrawn after the corporation has made a val and date below.)	Number of shares or percentage of ownership	Date(s) acquired	identification number (see Instructions)	(month and day)	
Bipin Patel	Signature	Date	809	9-7-2011	· .	·
Stephanie Patel			807	9-7-2011	431-47-4014	Dec. 31
Alexander Patel					431-33-7609	Dec. 31
	(A)		20%	9-7-2011	432-85-7	2.2.  Dec. 31
Noel Patel				9-7- <del>25</del> 11		
• .			25%			-Dec.31
· · · · · · · · · · · · · · · · · · ·						
•						
•			-			

Revised

Besen & Stephanie Patel Joint 80%. Alexander Patel 20%.