

L11000119246

(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



500250957585

09/09/13--01025--001 \*\*280.00

FILED  
2013 SEP -9 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 11 2013

EXAMINER



THE LAW OFFICES OF  
GEORGE CASTRATARO

September 3, 2013

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To the Person with the Most Knowledge:

Please find two Resignations of Registered Agent for a Limited Liability Company and two Resignations of Member, Managing Member or Manager from Florida or Foreign Limited Liability Company for SFT Commissary LLC and Made to Order LLC along with a check for \$280.00 filing fees.

If you should have any questions or concerns, please feel free to contact my office.

Sincerely,

George Castrataro, MPH, Esq.

GC/sav

FILED  
2013 SEP -9 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Law Offices of George Castrataro, PA  
Arthur Smith, PA, Of Counsel  
• 707 NE 3rd<sup>th</sup> Ave • Fort Lauderdale • Florida • 33304 •  
• Phone: 954-573-1444 • Fax: 954-573-6451 • [www.lawgc.com](http://www.lawgc.com) •



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: SFT Commissary LLC

2. This limited liability company was organized under the laws of:  
Broward County, Florida

3. The Florida document/registration number of this limited liability company is:  
L11000119246

4. I, OREN BASS, 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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013-SEP-9 PM 3:10

FILED