111000135722

(Red	questor's Name)			
(Address)				
(Ädd	dress)			
(City	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nai	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200222794732

02/27/12--01050--006 **85.00

FILED
2012 FEB 27 AM 8: 10
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

FEB 29 2012

COVER LETTER

TO: Amendment Section Division of Corporations	·		
SUBJECT: Orlan Name of Li	ndo Petro LLC imited Liability Company		
	nt for a Limited Liability Company and fee are submi	itted	
Please return all correspondence concerning the	his matter to the following:		
Nilesh Shah Name of Person			
Orlando Petro LLC Name of Firm/Company			
4802 Solitary Drive	SECH TALLA	>	
Rockledge, FL 32955	TEB 27	r r	
City/State and Zip Code	SECRETARY OF STATE FALL AHASSEE, FLORIDA PORT notification)		
E-mail address: (to be used for future annual rep			
For further information concerning this matter	•		
Mitchell S. Goldman, Esquire Name of Person	at (321) 639-1320 ext 104 Area Code & Daytime Telephone Number		
Enclosed is a check made payable to the Flor liability company or \$25.00 for an administration limited liability company.	rida Department of State for \$85.00 for an active lim atively dissolved, voluntarily dissolved or withdrawn	nited n	
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section	on 608.416(2) or 608.50	09, Florida Statutes, the undersigned,	ı
Rajen	dra Shah	, hereby resigns as	
Name of Re	egistered Agent	,,,,	
Registered Agent for	Or	lando Petro LLC	
	Name of Limited Liability	Company	
L11000135722			
Document Number, if kno	wn		
A copy of this resignation was mai	iled to the above listed	limited liability company at its last k	nown address.
The agency is terminated and the o	office discontinued on t	the 31st day after the date on which the	his statement is filed.
		7 f Resigning Agent	
If signing on behalf of an entity:		According Agent	
o.gg o oo o. m. o			2012 Sec All
	Typed or Prints	ed Name	FILE 2012 FEB 27 AU SECRETARY OF ALL AHASSEE, I
	Capacity		777
	<u>filing fees:</u>		H 8: 10 STATE FLORIDA
	\$ 85.00 Active li \$ 25.00 Adminis	imited liability company stratively dissolved/ voluntarily disso	olved/

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company