·	(Requestor's Name)			
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PICK-UF	P WAIT	MAIL		
•	(Business Entity Name))		
· · · · · · · · · · · · · · · · · · ·	(Document Number)			
Certified Copies Certificates of Status				
Special Instructions	to Filing Officer:			
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SECRETARY OF STATE SECRETARY OF STATE DIVISION OF CERPON ATTIONS



TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: SARL ORLANDO INVESTMENTS, LI (Name of Limited Liab	
DOCUMENT NUMBER: M0000000448	
The enclosed Resignation of Registered Agent for a Linfor filing.	nited Liability Company and fee are submitted
Please return all correspondence concerning this matter	to the following:
Rhonda Maybin (Name of Person)	
Capitol Corporate Services, Inc.	2006
(Name of Firm/Company)	SECRETARY OF SECRE
P.O. Box 1831	Y 3 GF A
(Address)	<u> </u>
Austin, TX 78767	MAY 31 PH 4: 56
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
Rhonda Maybin at (800	345-4647
(Name of Person) (Area	Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Departiliability company or \$25.00 for an administratively dissoliability company.	ment of State for \$85.00 for an active limited blved, voluntarily dissolved or withdrawn limited
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporP.O. Box 6327409 E. Gaines StreTallahassee, FL 32314Tallahassee, FL 32	rations et

TO: Amendment Section

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 608.416	6(2) or 608.509, Florida Stat	utes, the undersigned,		
CAPITOL CORP	ORATE SERVICE	S, INC.	, hereby resigns as		
	(Name of Registered Ag	(Name of Registered Agent)			
Registered Agent for	SARL ORLANDO	INVESTMENTS, LLC			
	(Name of Li	mited Liability Company)		,	
M00000000448					
(Document Nu	imber, if known)				
A copy of this resigna	tion was mailed to the	above listed limited liability	company at its last known a	ıddress.	
The agency is termina	ted and the office disco	ontinued on the 31st day after	er the date on which this state	ement is filed	l.
	Chleng	ACOVOLUTO nature of Resigning Agent)			
If signing on behalf of					
	Cheryl Roberts				
	President	Typed or Printed Name)		2006 J))))
		(Capacity)		10H OF 3	CRETA!
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability condition Administratively dissolve withdrawn limited liability.	ompany ed/voluntarily dissolved/ ity company	2006 HAY 31 PH 4: 56	LEU LEU

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