165000005865

| (Requestor's Nam | e) | | |
|---|---------------|--|--|
| | | | |
| (Address) | | | |
| | | | |
| (Address) | | | |
| | | | |
| (City/State/Zip/Pho | one #\ | | |
| (Oity/State/Zip/File | /// #/ | | |
| PICK-UP WAIT | MAIL | | |
| | | | |
| (Business Entity N | ame) | | |
| | - | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificat | tes of Status | | |
| | , | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | j | | |
| | | | |

Office Use Only



500110335815

10/15/07--01042--004 ++25.00

Z007 OCT | 5 AM | 1: 2

M05 Sdes

Corporate direct/

Creating Your Financial Future.®

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-284-7165 - Darla Direct 800-600-1760 - Toll Free 775-824-0105 - Fax dshields@corporatedirect.com

October 09, 2007

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Sandlot LLC

Dear Clerk:

Enclosed for filing please find the Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida. Also enclosed is the Certificate of Dissolution from the State of Wyoming filed on September 25, 2007 and our check in the amount of \$25.00 for filing fees. Once filed, please return to me in the envelope that has been enclosed.

Thank you for your assistance in this matter. Should you have any questions, please don't hesitate to contact me.

Sincerely,

Darla Shields

Account Executive

:ds Encl.

COVER LETTER

| Division of Corporations | | | | |
|--|---------------------------------------|---|-------------------------------------|--------|
| SUBJECT: Sandlot, LLC | | | | |
| | oreign Limited Liability | Company) | | |
| Dear Sir or Madam: | | | | |
| The enclosed withdrawal and fee(s) are submitted | ted for filing. | | | |
| Please return all correspondence concerning this | is matter to the following | ; : | | |
| Darla Shields | | | | |
| (Name of Person) | · · · · · · · · · · · · · · · · · · · | • | | |
| Corporate Direct, Inc. | | | | |
| (Firm/Company) | | • | | |
| 2248 Meridian Boulevard, Suite F | 1 | | | |
| (Address) | | | | |
| Minden, Nevada 89423 | | | | |
| (City/State and Zip Co | de) | | | |
| For further information concerning this matter, | please call: | | SECRETARY TALLAHASSE | |
| Darla Shields | at (775 | 824-0300 | HAS HAS | |
| (Name of Person) | | Daytime Telephone Number) | · · | يعارضن |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Regist Divisic P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314 | AM II: 24 OF STATE E. FLORIDA | |
| Enclosed is a check for the following amount | : | | | |
| \$25 Filing Fee \$30 Filing Fee & Certificate of Status | \$55 Filing Fee & Certified Copy | \$60 Filing Fee, Certificate of Status & | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| Sandlot, LLC | |
|---|--|
| (Name of limited liability company) | |
| Wyoming | |
| (Jurisdiction of its organization) | |
| This limited liability company is no longer transacting business in Flori authority to transact business in this state. | da and surrenders its |
| This limited liability company revokes the authority of its registered agents behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business. | t to accept service on of process based on a s in Florida. |
| 22 Chip Shot Court (Mailing address) | |
| Roseville, CA 95678 (City/State/Zip) | |
| The limited liability company agrees to notify the Department of State change in its mailing address. | in the future of any |
| Signature of member or authorized representative of a member) Franklin D. Hopkins, Jr. Typed or printed name of signee) | 2007 OCT 15 A SECRETARY OF TALLAHASSEE. |

Filing Fee: \$25.00