# K18113

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Cit	y/State/Zip/Phone	<u> </u>
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	
 	mils	
<del>\</del>	Office Use On	lv



200441345992

12/20/24--01012--030 \*\*87.50

2024 DEC 20 AM 6: 56

#### **COVER LETTER**

TO: Amendment Section Division of Corporation	ons
Sunkissed Enterpris	ses, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: K	18773
The enclosed Resignation of I	Registered Agent for a Corporation and fee are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
O. Stephen Thacker, Esquire	
(Name o	of Person)
Thacker Law Group, P.A.	
(Name of Fi	irm/Company)
407 South Ewing Avenue	
(Ad	dress)
Clearwater, FL 33756	
(City/State a	and Zip Code)
For further information conce	rning this matter, please call:
Jehn S. Thacker (Name of Perso	at $(727)$ $446-0525$ (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

## Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

hereby resigns as Registered Agent for  Sunkissed Enterprises, Inc.  (Name of Corporation (Na	
(Name of Corporation K18773	on)
<u> </u>	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at	its last known address.
The agency is terminated and the office discontinued on the 31st day aft this statement is filed.  Ocalinate Archer	
(Signature of Resigning Agent)  If signing on behalf of an entity:	FILED  2024 DEC 20 AM 6  SECRETARY JES TALLAHASSEE, FI
(Typed or Printed Name)	STATE

### Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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

M . . .