1100000738

(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:
L. SELLERS
MAY 19 2011
EXAMINER

Office Use Only

200207566472

05/16/11--01055--009 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sunshine (Name of	Financial Management Group LCC (flimited Liability Company)
The enclosed member, managing member filing.	er or manager resignation and fee(s) are submitted for
Please return all correspondence concern	ning this matter to:
Barbara MC (Contact Person)	askill
(Firm/Company)	
17760 S.E. 1594 (Address)	4 Ave
Weirsdale F (City/State and Zip Code)	1 32195
For further information concerning this	matter, please call:
Bowloava WCas K (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made paya \$25 Filing Fee	ble to the Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2011

BARBARA MCCASKILL 17760 SE 159 AVENUE WEIRSDALE, FL 32195

SUBJECT: SUNSHINE FINANCIAL MANAGEMENT GROUP, LLC

Ref. Number: L11000007389

We have received your document for SUNSHINE FINANCIAL MANAGEMENT GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 711A00011406

I am enclosing a new check to replace 18586 the \$35.00 check previously mailed. Please return or void the check you have.

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is:	mited liability company as it appears on the records of the	e Florida Dep	artment
	ity company was organized under the laws of:		
	nent/registration number of this limited liability company	is:	
1. I, Barba (Print Nan.	ne of Person Resigning), hereby resign as a	MGR (Print Title)	
of this limited liabil resignation in writing	lity company and affirm the limited liability company has ng.	s been notified	l of my
Balance	Myashilo		
Signature of Resign	ning Member, Managing Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	SECR TAELA	<u> </u>

CR2E079 (5/06)

TILED

11 MAY 16 PM 2: 30

SECRETARY OF STATE
ABLAHASSEF FIRMS