# L140000 68034

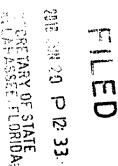
(Requestor's Name)	
(Address)	40028
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	06./20
Certified Copies Certificates of Status	
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S Warren JUN 2 1 2016

## **COVER LETTER**

SUBJECT: SUNMMIT RELATIVE VALUE, L.L.C.						
SUBJECT: Name of Limited Liability Company						
DOCUMENT NUMBER: L14000068034						
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted					
Please return all correspondence concerning this matter to the	e following:					
EVGENIY GARBOVSKIY						
Name of Person						
Name of Firm/Company						
17070 COLLINS AVE STE 260						
Address						
SUNNY ISLES BEACH, FL 33160						
City/State and Zip Code						
EGARBOVSKY@GMAIL.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:	·					
EVGENIY GARBOVSKIY at (305	764-9657					
Name of Person Area Code	Daytime Telephone Number					
Enclosed is a check made payable to the Florida Departmen liability company or \$25.00 for an administratively dissolve liability company.	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited					

#### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

## STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi	sions of section 605.01	15, Florida Statutes, the un	dersigned,		
EVGENIY GARBOVSKIY		_ , hereby resigns as			
Name of Registered Agent			_ ,		
Registered Agent for	SUNMMIT RELAT	IVE VALUE, L.L.C.			
	Name of Li	mited Liability Company		,	
L14000068034					
	t Number, if known				
A copy of this resign	ation was mailed to the	above listed limited liabili	ty company at its last knowr	n address.	
The agency is termin	ated and the office disc	ontinued on the 31st day at	fter the date on which this st	tatement is filed	
		100			
		Signature of Resigning Agen	it		
If signing on behalf o	of an entity:			~ ;p	
	EVGENIY GAR	BOVSKIY		retr Grad	
		Typed or Printed Name			
	MGR			3	
		Capacity	o	m	
			F 51	2	
			IZ: 33	, – ,	
	<u>FILING</u> \$ 85.00	FEES: Active limited liability	<b>15</b> (4)	,	
	\$ 25.00	Administratively dissol withdrawn limited liab	company , [1] lved/voluntarily dissolved/ pility company		

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