

L150000 35567

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

16 JUN 30 PM 4:18

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Sunrise Properties LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000035567

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne A. Novak  
Name of Person

Name of Firm/Company

P.O. Box 2803  
Address

Ponte Vedra, FL 32004  
City/State and Zip Code

wan1107@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne A. Novak  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**  
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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Crockett Law P.L., hereby resigns as

Name of Registered Agent

Registered Agent for Florida Sunrise Properties LLC

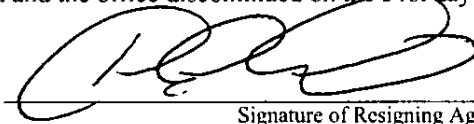
Name of Limited Liability Company

L15000035567

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Keith E. Crockett

Typed or Printed Name

AMBR

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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