L18000 208 991

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
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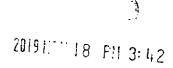


COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sonrisa M.a Estates LLC (Name of Limited Liability Company)		
(Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Greg Bon 12 (Contact Person)		
Sonrisa Mia Estates LLC (Firm/Company)		
8989 Old Chemonic Rd (Address)		
Tallahassec FL 32309 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Creg Bontz at (815) 718-5188 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee \$		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301		

CR2E079 (2/14)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	y company as it appears on the records of the Florida Department
of State is: Sonrisa	Min Estates LLC
2. The Florida document/registrati	on number assigned to this limited liability company is:
L18000208991	
3. The date this member/manager 4. 1. Print Name of Person Res	withdrew/resigned or will withdraw/resign is:, hereby withdraw/resign as a signing)
Manages (Pint Title)	
of this limited liability company resignation in writing.	and affirm the limited liability company has been notified of my
Signature of Dissociating Men	iber or Resigning Manager
Filing Fee: \$25.00 (Red	quired)
Certified Copy: \$30.00 (Opt	tional)