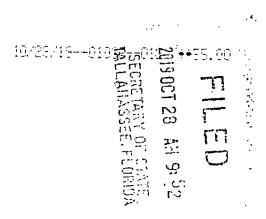
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(Rec	questor's Name)	
(Add	dress)	
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	10)	46.
(City	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Y SULKER

MOV 2.2 2010

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: SUNNY CARGO, LLC		
	(Name of Li	imited Liability Com	ppany)
The e	enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
WHI	CA BRAVO		
	(Contact Person)		-
SUN	INY CARGO, LLC		
	(Firm/Company)		-
5670) NW 116TH AVE, APT 218		
	(Address)		-
DOR	RAL/FL 33178		
	(City/State and Zip Code)		-
For fu	urther information concerning this ma	tter, please call:	
WHI	CA BRAVO	305	8578150
	(Name of Contact Person)		& Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		epartment of State for: Fee & Certified Copy
	EET/COURIER ADDRESS: stration Section		MAILING ADDRESS: Registration Section
Divisi	ion of Corporations		Division of Corporations
	on Building		P.O. Box 6327
	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314

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)

1. The name of the	limited liability company a	as it appears on the records of the Florida Department
of State is:	INY CARGO, LLC	<u></u>
2. The Florida docu	•	assigned to this limited liability company is:
	_	esigned or will withdraw/resign is: 10/24/2019
(Print N MANAGER	ame of Person Resigning)	, hereby withdraw/resign as a
	(Print Title)	
resignation in wri	• •	the limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	