

**M03000000766**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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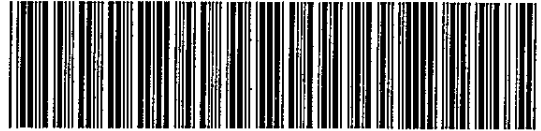
(Business Entity Name)

(Document Number)

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04 MAY 14 PM 1:52  
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TALLAHASSEE, FLORIDA

M0300000766  
5-14-04  
PAPERS

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SCHUMACHER & JENSEN SUNSHINE ASSET MANAGEMENT, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** M03000000766

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valerie Molgard

(Name of Person)

Paracorp Incorporated

(Name of Firm/Company)

640 Bercut Dr. # A

(Address)

Sacramento, CA 95814

(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Molgard

(Name of Person)

at ( 888 ) 272-5449

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 17, 2004

VALERIE MOLGARD  
PARACORP INCORPORATED  
640 BERCUT DR., #A  
SACRAMENTO, CA 95814

SUBJECT: SCHUMACHER & JENSEN SUNSHINE ASSET MANAGEMENT,  
LLC  
Ref. Number: M03000000766

We have received your document for SCHUMACHER & JENSEN SUNSHINE ASSET MANAGEMENT, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ABOVE ENTITY IS A LIMITED LIABILITY COMPANY AND THE FORM SUBMITTED IS FOR A FLORIDA CORPORATION. PLEASE COMPLETE THE CORRECT FORM AND RESEND.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6880.

Karen Gibson  
Document Specialist

Letter Number: 204A00034408

RECEIVED  
2004 JUN -2 AM 11:19  
DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SCHUMACHER & JENSEN SUNSHINE ASSET MANAGEMENT, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** M03000000766

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:

VALERIE MOLGARD

(Name of Person)

PARACORP INCORPORATED

(Name of Firm/Company)

640 BERCUT DR #A

(Address)

SACRAMENTO, CA 95814

(City/State and Zip Code)

For further information concerning this matter, please call:

VALERIE MOLGARD

(Name of Person)

at ( 888 ) 272-5449

(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:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

PARACORP INCORPORATED

(Name of Registered Agent)

, hereby resigns as

Registered Agent for

SCHUMACHER & JENSEN SUNSHINE ASSET MANAGEMENT, LLC

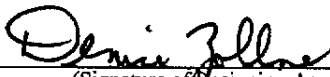
(Name of Limited Liability Company)

M03000000766

(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:

DENISE ZOLLNER

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

**FILED**  
04 MAY 14 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### FILING FEES:

|          |                                                                                           |
|----------|-------------------------------------------------------------------------------------------|
| \$ 85.00 | Active limited liability company                                                          |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/<br>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