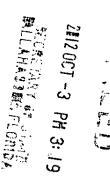
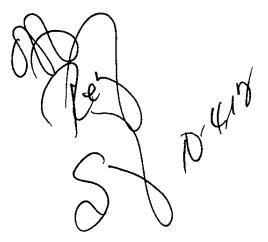


(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		- - -
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**	Office Use Or	niv



10/03/12--01038--003 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SUNRISE #2 CONDO ASSOCIATION, INC			
	(Name of Corporation)		
DOCUMENT NUMBER: 73049	98		
The enclosed Officer/Director Resign	nation for a Corporation and fee are submitted for filing.		
Please return all correspondence cond	cerning this matter to the following:		
MARISELA IGLESIAS			
(Name of Perso	n)		
(Name of Firm/Company)			
1761 SW 11th STREET			
(Address)			
MIAMI FL 33135			
(City/State and Zip	Code)		
For further information concerning the	his matter, please call:		
MARISELA IGLESIAS	at (786) 517-4863 (Area Code & Daytime Telephone Number)		
(Name of Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for \$35.00 made	payable to the Florida Department of State.		
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314		

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, HECTOR TRUJILLO	, hereby resign as PRESID	OENT (Title)
of SUNRISE #2 CONDO AS	SOCIATION, INC Name of Corporation)	,
730498 (Document Number, if known)	, a corporation organized under the lav	ws of the State of
FLORIDA		
	(Signature of resigning officer/director)	ZIIZOCT -3 PM 3:

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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