

A05000000289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

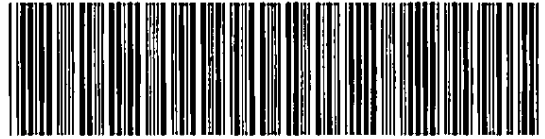
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300326860473

03/27/19--01008--004 **175.00

FILED
2019 MAR 27 AM 9:16
-2019 MAR 27 10:00

RA/RES

APR 06 2019
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNNY LIVING LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000000289

The enclosed Resignation of Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

NICOLE J. HUESMANN
Contact Person

NICOLE J. HUESMANN, P.A.
Firm/Company

150 ALHAMBRA CIRCLE, SUITE 1150
Address

CORAL GABLES, FL 33134
City, State and Zip Code

NJHUESMANN@NJHLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLE J. HUESMANN at (305) 858-0220
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☒ \$87.50 Filing Fee ☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**RESIGNATION OF REGISTERED AGENT
FOR
LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

Pursuant to the provisions of section 620.1116, Florida Statutes, the undersigned,

MARK S. SCOTT, ESQ. (SCOTT, MARK SESQ.)

, hereby resigns as

Name of Registered Agent

Registered Agent for SUNNY LIVING LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

A05000000289

Florida Document Number, if known

The agent is terminated on the 31st day after the date on which this statement is filed by the Florida Department of State.


Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

Filing Fee: \$87.50
Certified Copy (optional): \$52.50

FILED
2018 MAR 27 AM 9
STATE OF FLORIDA
DEPARTMENT OF STATE