## B1000000181

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Sun Fresh Foods, LP (Name of Foreign Limited Partnership or Limited Liability Limited Partnership)				
The enclosed Notic	e of Cancellation and 1	ee(s) are submitte	ed for filing.	
Please return all cor	respondence concernit	ng this matter to:		
DONNA TILLSTRON	1		_	
	(Contact Person)			
SUN CAPITAL PART			-	
	(Firm/Company)			
5200 TOWN CENTER	CIRCLE, 4th Floor		_	
	(Address)			
BOCA RATON, FL 33	486		_	
	(City, State and Zip Code)		-	
For further information concerning this matter, please call:				
DONNA TILLSTROM	1	_at ( <u>561</u>	) 948-7528	
(Name of Contact Person)		(Area Code	and Daytime Telephone Number)	
Enclosed is a check for the following amount:				
\$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing and Certified Cop		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		

## NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Sun Fresh Foods, LP

(Name of limited partnership or limited liability limited partnership)

DELAWARE

(Jurisdiction of formation)

11/12/2010

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to

s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: December 11, 2017

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner;

Typed or printed name:

MICHAEL MCCONVERY

Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75