LOI 000012310

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2004)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
í

Office Use Only



100205773821

05/06/11--01012--014 **25.00

2011 MAY -6 PM 2: 28
SECRETARY OF STATE

T. CLINE

MAY - 9 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Sunsational Properties L.L.C.					
(Name of Limited Liability Co	mpany)	<u> </u>			
The enclosed member, managing member or manager resigning.	gnation and fee(s) are subm	nitted for			
Please return all correspondence concerning this matter to:					
Ken Avellanet					
(Contact Person)					
Sunsational Properties L.L.C.	_				
(Firm/Company)					
6716 NW 107 Way		d N			
· (Address)		OIII SEC	فنجا الكاليس		
Parkland, Florida 33076		2011 BAY - SECRETA TALLAHAS			
(City/State and Zip Code)	_	-6			
For further information concerning this matter, please call:		PH 2: OF STA	Ö		
Ken Avellanet at (954	, 227-4507	2: 29 TATE ORIDA			
	& Daytime Telephone Numb	ber)			
Enclosed please find a check made payable to the Florida Department of State for: \$\sqrt{1}\$ \$25 \text{ Filing Fee} \$\sqrt{1}\$					
	Certified Copy				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 3231	4			

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

The name of the limited liability company as of State is: Sunsational Properties L	• •	ida Department
2. This limited liability company was organized Florida	under the laws of:	2011 PAY SECRET
3. The Florida document/registration number of L01000012310	this limited liability company is:	-6 PH
4. I, Charles Rogalski	, hereby resign as a Manage	2: 2: STATE LORID
(Print Name of Person Resigning)	(Prin	nt Pille)
of this limited liability company and affirm the resignation in writing.	e limited liability company has been	notified of my
Signature of Resigning Member, Managing M	lember or Manager	
Filing Fee: \$25.00 (Required)		
Certified Copy: \$30.00 (Optional)		