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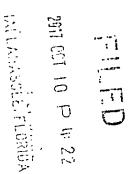
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phon	e #)
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Document Number	
(Document Number)
Certified Copies Certificate	s of Status
Special Instructions to Filing Officer:	
Special instructions to Fining Officer.	

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10/10/17--01017--009 **25.00



COVER LETTER

Division of Corporations			
SUBJECT: Sunshine Construction (Name of Limited Liability Con	on UC		
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.		
Please return all correspondence concerning this matter to:			
Katja Schmidt (Contact Person)	_		
Sunshine Construction LCC (Firm/Company)	_		
6160 109th Terrace (Address)	DIT OCT TO P IN		
Pinellas Park 71 33782 (City/State and Zip Code)	TOST 10 P		
For further information concerning this matter, please call:	# 22 .06422		
Katja Schmidt at (727 (Name of Contact Person) (Area Code	674 - 5576 e & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida I			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability compan	y as it appears on the	e records of	the Florida	a Dep	artment
of State is: S	anshine Cor	struction	UC			··
2. The Florida docu	ment/registration number	er assigned to this lir	nited liabili	ty compan	y is:	
L030000	241992					
3. The date this me	mber/manager withdrew	/resigned or will wit	hdraw/resig	gn is: <u>06</u>	-24	-2017
4. I. Katia Print N	Schmidt ame of Person Resigning)	, hereby wi	thdraw/resi	gn as a		
MGMR	(Print Title)	_·				
of this limited liab resignation in wri	oility company and affire	n the limited liability	y company !	has been no	otified	d of my
	K. S.Inn	iott		32	777	
Signature of Di	ssociating Member or Re				777 777 177	# Azu
	\$25.00 (Required) \$30.00 (Optional)				J F	フ
				$\square_{\mathbb{N}^{n}}$ \mathbb{N}	.>	