L04000012605

(F	Requestor's Name)
	Address)
(/	Address)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(I	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

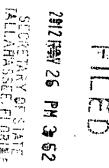
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EXAMINER

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2012

DOMINICK SPOSITO 3 WEMBLY COURT STE 102 ALBANY, NY 12205

SUBJECT: SUN FOOD BROKERS, L.L.C.

Ref. Number: L04000012605

We have received your document for SUN FOOD BROKERS, L.L.C. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 512A00025135

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Corporations	
SUBJECT: SUN FOOD Brokers 11C Name of Limited Liability Company DOCUMENT NUMBER: 404 0000 12605	
The enclosed Resignation of Registered Agent for a Limited Liability Company an	ud fee are submitted
for filing.	id fee are submitted
Please return all correspondence concerning this matter to the following:	
Dominick Sposito	·
Sun Food Brokers LLC Name of Firm/Company	2812 7ALL
3 Wembley cart	FIL IZMAN 26 LAHASSE
Albony 11-1 1205 City/State and Zip Code	OF STATE
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Dominical Consister at (518) 369-0898

Namo of Person at (518) 369-0898

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

TO:

Amendment Section

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2	2) or 608.509, Florida Statutes, the undersigned,	
Anastasia Brotz	, hereby resigns as	
Name of Registered Agent	t	
Registered Agent for Scn Food	Brokers, LLC	
Name of Limit	ted Liability Company	
L 040 000 /2 65 5		
District (Million, Brain, Mill)		
A copy of this resignation was mailed to the ab	pove listed limited liability company at its last known address.	
The agency is terminated and the office discon	tinued on the 31st day after the date on which this statement is filed.	
A nasta	Signature of Resigning Agent	
If signing on behalf of an entity:	200	
<u>Anaslas</u>	rped or Printed Name	-
Asen	}	The same of the sa
	Capacity	77
	The Control of the Co	
FILING 1 \$ 85.00 \$ 25.00	FEES: Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314