# \*L0400058/87

(Re	equestor's Name)					
(Ad	ddress)					
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ı (Ci	ty/State/Zip/Phone	e #)				
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### COVER LETTER

Division of Corporations						
SUBJECT: SUNNY PALM BAY HOLDING, LLC. Name of Limited Liability Company						
DOCUMENT NUMBER: LO400058187						
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
CHASTINA B. SUTCH Name of Person						
Name of Firm/Company						
6905 N WKKHAM RD., STE.403						
MELBOURNE FL 32937 City/State and Zip Code						
E-mil address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
CHRISTINA B. SUTCH at (321) 254-4949  Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

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) or 608.5	09, Florida	Statutes, the ur	ndersigned,	
CHRISTINA R	5. SUT	I Agent		, hereby r	esigns as	
Registered Agent forSu	YMMC	PALM	BAY	HOLDI	MG, L	<u> </u>
	Name o	f Limited Liability	Сопірапу			······································
LOHOOOSSI Document Number	87 r, if known	_ <del></del>				
A copy of this resignation w	as mailed to	the above listed	limited liab	ility company	at its last kno	wn address.
The agency is terminated and	d the office d	iscontinued on	the 31st day	after the date	on which this	statement is filed.
	Cha	Signature o	f Resigning A	gent	-	
If signing on behalf of an en	tity:					
		Typed or Printe	ed Name		_	
_		Capacity			-	

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

\$ 85.00 \$ 25.00 Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company