L05000020999

(Re	questor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

B. KOHR
MAY 86 2009
EXAMINER



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

180914	
May 22, 2009	

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Number One Sun, LLC				
		\$ 10 mm		
Filing Evidence ☑ Plain/Confirmation Cop	у	Type of Document Certificate of Status Certificate of Good Standing		
☐ Certified Copy		□ Certificate of Good Standing 3		
		□ Articles Only		
		☐ All Charter Documents to Include		
Retrieval Request □ Photocopy		Articles & Amendments Fictitious Name Certificate		
• •				
☐ Certified Copy		□ Other		
NEW FILINGS		AMENDMENTS		
Profit		Amendment		
Non Profit	X	Resignation of RA Officer/Director		
Limited Liability		Change of Registered Agent		
Domestication		Dissolution/Withdrawal		
Other		Merger		
OTHER FILINGS		REGISTRATION/QUALIFICATION		
Annual Reports		Foreign		
Fictitious Name		Limited Liability		
Name Reservation		Reinstatement		
Reinstatement		Trademark		

RESIGNATION OF REGISTERED AGENT FOR A LIMITED **LIABILITY COMPANY**

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Pursuant to the provisions	s of section 608.416(2) or 608.509, Florida	وری A Statutes, the undersigned,	彭善和
	Search Services, Inc.	, hereby resigns as	12 25
((Name of Registered Agent)	, nervey realghs us	300
Registered Agent for	Number One Sun, LLC		P. P
			(0) 12 VS
	(Name of Limited Liability Company)		- Service
Lo 5 0 0 0 c	,		1
A copy of this resignation	was mailed to the above listed limited liab	bility company at its last kn	own address,
The agency is terminated	and the office discontinued on the 31st day	y after the date on which th	is statement is filed.
-	W. Edward Hang (Signature of Resigning A	Agent)	
If signing on behalf of an	entity:		
<u>\</u>	N. Edward Hand		
_	(Typed or Printed Name)		
<u>_</u>	President		
	(Capacity)		

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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