

LD60000027782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

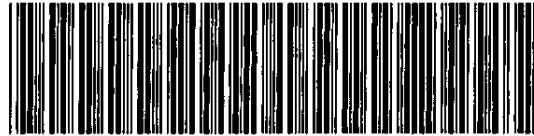
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

cm✓



400079936744

09/19/06--01061--005 **85.00

FILED
06 SEP 19 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Res.
sf

①

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNSET INTERNATIONAL DEVELOPMENT
(Name of Limited Liability Company)

DOCUMENT NUMBER: LO 60000 27782

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:

FRANKLYN ANDERSON
(Name of Person)

(Name of Firm/Company)

6210 NW 173 ST, APT 810, #1
(Address)

MIAMI, FL 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANKLYN ANDERSON at (305) 610 6548
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

FRANKLIN ANDERSON, hereby resigns as
(Name of Registered Agent)

Registered Agent for

SUNSET INTERNATIONAL DEVELOPMENT, LLC

(Name of Limited Liability Company)

LO60000 27782

(Document Number, if known)

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]
(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILING FEES:

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withdrawn limited liability company

FILED
06 SEP 19 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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