Division of Corporations

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number: I20120000007 Phone

; (702)865-2500

Fax Number

: (702)805-2589

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC REGISTERED AGENT RESIGNATION SUN-RE INVESTMENT GROUP LLC

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TO: Registration Section Division of Corporations

COVER LETTER

SUBJECT: SUN-RE INVESTMENT GROUP LLC Name of Limited Liability Comp	any
DOCUMENT NUMBER: L06000034140	
The enclosed Resignation of Registered Agent for a Limited Liabi for filing.	lity Company and fee are submitted
Please return all correspondence concerning this matter to the following	owing:
Wendy Hefley	
Name of Person	
Incorp Services, Inc.	
Name of Firm/Company	
3773 Howard Hughes Parkway, Suite 500S	•
Address	
Las Vegas, NV 89169-6014	,
City/State and Zip Code	
processing@incorp.com	
E-mail address: (to be used for future annual report notification)	,
For further information concerning this matter, please call:	
Incorp Services, Inc./Wendy Hefley 702 (866	i-2500 ext 6904

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisio	ns of section 605.011	5, Florida Statutes, the und	ersigned,		
Incorp Services, Inc, hereby r					
	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Registered Agent for	. <u> </u>				_
SUN-RE INVEST	MENT GROUP LL	_C .			•
	Name of Lin	nited Liability Company			_
L06000034140					
Document N	umber, if known				
		above listed limited liabilit			
The agency is terminate	26	Signature of Resigning, Agent	·	statement	is filod.
	Wendy Hefley fo	or Incorp Services, Inc	.		
	-	Typed or Printed Name		2018 Silve	
	Authorized Rep	resentative		:: 6	 .
	FILING \$ 85.00 \$ 25.00	Active limited liability	ved/ voluntarily dissoly?	APR 16 AM 9: 4:	

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

INHS17 (2/14)

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