

LD6000072395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

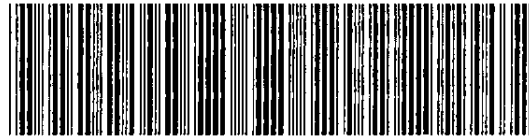
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



700207373787

05/09/11--01030--004 **25.00

FILED

2011 MAY -9 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

MAY 10 2011

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUN SKY CONSTRUCTION, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000072395

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:

MICHAEL J. GARAVAGLIA
Name of Person

COLLINS, BROWN, ET AL
Name of Firm/Company

756 BEACHLAND BOULEVARD
Address

VERO BEACH, FL 32963
City/State and Zip Code

MJG@VEROLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL J. GARAVAGLIA at (772) 231-4343
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2011 MAY -9 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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,

MICHAEL J. GARAVAGLIA

Name of Registered Agent

, hereby resigns as

Registered Agent for SUN SKY CONSTRUCTION, LLC

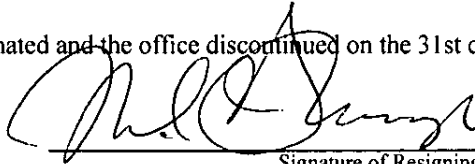
Name of Limited Liability Company

L06000072395

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 of Resigning Agent

If signing on behalf of an entity:

MICHAEL J. GARAVAGLIA

Typed or Printed Name

Capacity

2011 MAY -9 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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