

L06000088771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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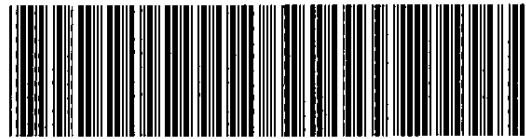
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 29 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNRISE SUNSET CONCESSIONS OF INLOK HAVEN
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PETER JANSSON
(Contact Person)

SUNRISE CONCESSIONS
(Firm/Company)

2164 MUSKOGEE TRAIL
(Address)

NOKOMIS FL 34275
(City/State and Zip Code)

P. JANSSON
2164 Muskogee Trail
Nokomis, FL 34275

For further information concerning this matter, please call:

PETER JANSSON at (941) 232 3107
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SUNRISE SUNSET CONCESSIONS OF SPARK HAVEN, LLC

2. This limited liability company was organized under the laws of:
FLORIDA STATE

3. The Florida document/registration number of this limited liability company is:
206000088771

4. I, PETER JANSSON, hereby resign as a MGRM
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

P. Jansson
Signature of Resigning Member, Managing Member or Manager

P. JANSSON
2164 Muskogee Trail
Nokomis, FL 34275

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SEAL OF THE STATE
TALLAHASSEE, FLORIDA