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Munson Vining Midyette & Geary, LLP

Attorneys At Law

Peter J. Munson C. Geoffrey Vining William M. (Mac) Midyette, III Joseph Anthony Geary 1611 Harden Boulevard Lakeland, FL 33803 Phone (863) 687-8320 Fax (863) 683-2849

August 9, 2012

Secretary of State - Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re:

Sunshine Lake Estates, LLC

Gentlemen:

Enclosed for filing please find an original and one copy of Resignation of Registered Agent for a Limited Liability Company. A check in the amount of \$85.00 is also enclosed for filing fees in this regard. It would be appreciated if you would please forward confirmation of filing to our office. A self addressed stamped envelope is enclosed.

Thank you for your assistance with this request.

Sincerely,

Lois A. Hart, Legal Assistant to

Peter J. Munson, Esquire

LAH/s

Enclosures

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: S	Name of Limited Liability Company	
DOCUMENT NUMBER:	L06000092678	
The enclosed Resignation of Refor filing.	egistered Agent for a Limited Liability Company a	and fee are submitted
Please return all correspondence	ce concerning this matter to the following:	
PETER J. MUNS	SON, ESQUIRE Person	
MUNSON VINING MIDY Name of Firm		12 HG 19 A
1611 HARDEN I		至
LAKELAND, City/State and	FL 33803 d Zip Code	,
E-mail address: (to be used for larger further information concern	future annual report notification) ning this matter, please call:	
PETER J. MUNSC Name of Person		Number
Enclosed is a check made payal liability company or \$25.00 for limited liability company.	ble to the Florida Department of State for \$85.00 fr an administratively dissolved, voluntarily dissolved	or an active limited ed or withdrawn
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	e

Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of se	ction 608.416(2) or 608.509, Fl	orida Statutes, the undersigned,	ESCRIPTION OF COMME
PETE	R J. MUNSON	, hereby resigns as	क व
	f Registered Agent	, nelecty resigns as	
Registered Agent for	SUNSHINE LA	KE ESTATES, LLC	
	Name of Limited Liability Compa	any	
L060000926	78		
Document Number, if	known		
A copy of this resignation was	mailed to the above listed limite	d liability company at its last known a	address.
The agency is terminated and the	Signature of Resign	st day after the date on which this state	ement is filed.
If signing on behalf of an entity	:		
	Typed or Printed Name	e	
 .	Capacity		

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