

L06000098626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

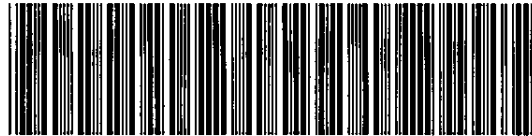
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600257364836

03/06/14--01032--009 **85.00

FILED

2014 MAR -6 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 7 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunnybrook Offices, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000098626

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:

Raul Rodriguez
Name of Person

Sunnybrook Offices, LLC
Name of Firm/Company

15476 NW 77th Ct #705
Address

Miami Lakes FL 33016
City/State and Zip Code

ndiaz@cmsdme.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Diaz at (305) 512-0000 X7802
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

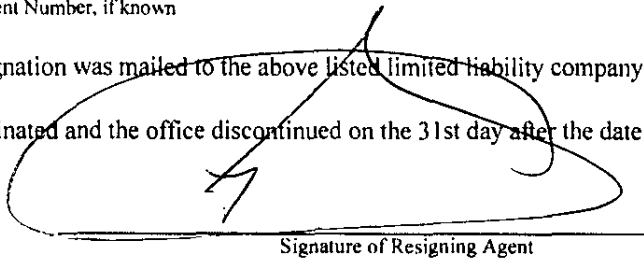
Raul Rodriguez, hereby resigns as
Name of Registered Agent

Registered Agent for Sunnybrook Offices, LLC
Name of Limited Liability Company

LO6000098626
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:

Typed or Printed Name

Capacity

FILING FEES:

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withdrawn limited liability company

FILED
2014 MAR -6 AM 11:47
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