

LO7000115316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

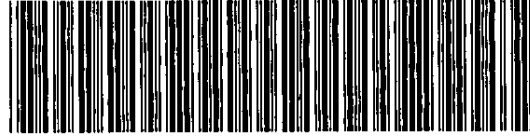
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200278510292

11/10/15--01021--005 \*\*87.50

FILED  
2015 DEC -9 PM 3:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

DEC 10 2015  
J BRUCE



**THE HERNANDEZ LAW FIRM, P.A.**

**ATTORNEY & COUNSELOR AT LAW**

December 7, 2015

Registration Section  
Division of Corporations  
Attn: Deborah Bruce, Regulatory Specialist II  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Statement of Resignation of Registered Agent For a Limited Liability Company

Dear Ms. Bruce:

Enclosed are the following:

1. Cover letter to the Statement of Resignation of Registered Agent For a Limited Liability
2. Statement of Resignation of Registered Agent for a Limited Liability Company: Sun Burst Inn, LLC;
3. A copy of your letter dated November 13, 2015 referring to all of the above.

We mailed you check # 2900 in the amount of \$87.50 made payable to Florida Department of State in our first correspondence to your office on November 4, 2015.

If you have any questions, please contact me at 727-712-1710. Thank you.

Very truly yours,  
THE HERNANDEZ LAW FIRM, P.A.

*Kevin Hernandez, Esq.*

By: Kevin Hernandez, Esquire

KH:hms  
Enclosure

2015 DEC -9 PM 3:59  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 DEC 10 PM 1:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 13, 2015

KEVIN HERNANDEZ, ESQ.  
THE HERNANDEZ LAW FIRM, P.A.  
28059 U.S. HWY 19 N., STE 101  
CLEARWATER, FL 33761

SUBJECT: SUN BURST INN, LLC  
Ref. Number: L07000115316

We have received your document for SUN BURST INN, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 115A00024029

2015 DEC -9 P 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sun Burst Inn, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L07000 115316

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:

Kevin Hernandez, Esq.  
Name of Person

The Hernandez Law Firm, P.A.  
Name of Firm/Company

28059 U.S. Highway 19 N. Suite 101  
Address

Clearwater FL 33761  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Hernandez, Esq. at (727) 712-1710  
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

NOTARY OF STATE  
TALLAHASSEE, FLORIDA

2015 DEC -9 P 3:59

FILED

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Kevin Hernandez, Esq., hereby resigns as  
Name of Registered Agent

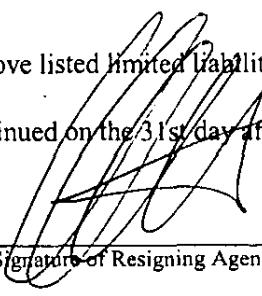
Registered Agent for Sun Burst Inn, LLC

Name of Limited Liability Company

607 000 115 316  
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:

Kevin Hernandez, Esq.  
Typed or Printed Name

Capacity

## FILING FEES:

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

2015 DEC -9 P 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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