## E8150000801

(Re	equestor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nar	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						
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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

CR2E079 (5/06)

TO:	_	stration Section		
	Divis	ion of Corporations		
SUBJ	ECT:	NEW SUNRISE ENTERP		<del> </del>
		(Name of Limited	Liability Con	npany)
The enfiling.		I member, managing member or ma	nager resig	nation and fee(s) are submitted for
Please	return	all correspondence concerning this	matter to:	
RIC	O OF	RTIZ		
		(Contact Person)		-
OZ-I	MAR	ENTERPRISES, LLC		
		(Firm/Company)		<del></del>
1390	01 SV	V 279TH. LANE		
		(Address)	<del></del>	<del>-</del>
HON	MEST	EAD, FL. 33032		
		(City/State and Zip Code)		-
For fu	ırther iı	nformation concerning this matter, p	olease call:	
RIC	O OF	RTIZ at	, 786	970-7999
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable to th	e Flo <del>r</del> ida I	Department of State for:
	•	\$25 Filing Fee		555 Filing Fee &
		-	<u></u>	Certified Copy
STRE	EET/C	OURIER ADDRESS:		MAILING ADDRESS:
Regis	tration	Section		Registration Section
		Corporations		Division of Corporations
	n Build	•		P.O. Box 6327
		ive Center Circle		Tallahassee, Florida 32314
Tallah	iassee,	Florida 32301		



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	nited liability company as it a		of the Florida D	epart	ment 
2. This limited liabilit FLORIDA	y company was organized und	der the laws of:			
3. The Florida docum L080000021	ent/registration number of this	s limited liability com	npany is:		
	e of Person Resigning)	_, hereby resign as a _	(Print Title		<del></del>
of this limited liabilities resignation in writing	ity company and affirm the lin	nited liability compan	ıy has been notii		f my DIVIS
Signature of Resign	mg Member Managing Mem	ber or Manager		08:0CT -9	CRETARY CRETARY CRETARY
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			PH 2: 46	OF STATE