

LO8000042916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Sunset Reflections Vacation Rentals LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Rex Anderson

(Contact Person)

Sunset Reflections Vacation Rentals LLC

(Firm/Company)

1147 Cape San Blas Rd

(Address)

Port Saint Joe, FL 32456

(City/State and Zip Code)

For further information concerning this matter, please call:

Rex Anderson

(Name of Contact Person)

at **850 227-5416**

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, 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: Sunset Reflections Vacation Rentals LLC

2. The Florida document/registration number of this limited liability company is:
L08000042916

3. The date this member withdrew or will withdraw is: December 31, 2013

4. I, Suncatcher Services LLC, 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.

Denise Strickland

Signature of Resigning or Dissociating Manager, Member

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

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12/11/13 11:29:17