L08000109941

(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



200205774492

04/29/11--01035--009 **85.00

ZUII APR 29 PH 5: 36
SECRETARY OF STATE,
WALLAHASSEE FRANCE,

J. SAULSBERRY EXAMINER

MAY 3 2011

COVER LETTER

Division of Corporations			
SUBJECT: SUNLAND QUALITY PRODUCTS, 22 C Name of Limited Liability Company	-		
DOCUMENT NUMBER: <u>LO8000/0994</u>	_		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee a for filing.	ıre s	ubmitt	ed
Please return all correspondence concerning this matter to the following:			
RUBERT F. FITZGERALD, JR. Name of Person			
Name of Firm/Company	1.5	20	•
1330 CHARLESTON SQ. OR. # 202 Address	EGRETARY	2011 APR 29	~7
NAPLES, FL 3411cl City/State and Zip Code	₹ 0F S1	9 PM 5: 36	
KPF17263 @ GMAIL.Com E-mail address: (to be used for future annual report notification)	AIE:	5: 36	المداحة
For further information concerning this matter, please call:			
ROBERT FITZGERALO at (239) 287-8/27 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

TO:

Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment 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 608.416(2) or	r 608.509), Florida	Statutes	the unde	rsigned,			
Name of Registered Agent	ALD,	JN.	, he	ereby resi	gns as			
Registered Agent for SUNLAND QUA								
Registered right for		<u> </u>				_		
Name of Limited 1	Liability C	ompany						
20800010 9941								
Document Number, if known	-							
A copy of this resignation was mailed to the above	e listed li	mited liab	ility con	npany at i	ts last kn	own addr	ess.	
The agency is terminated and the office discontinu	ied on the	e 31st day	after the	e date on	which thi	s stateme	ent is fil	ed.
Lobert J. F.	t gerall	//						
SA	ature of	esigning A	gent			As	20	
If signing on behalf of an entity:						ECR ECR	=	
ROBERT F. F	1726	ENALL	D, JR	•		ETAR	2011 APR 29	11
RECISTALEO						Y O		
	apacity					FLOI FLOI	PM 5:	0
						RICE OF THE PARTY	ယ	******

FILING FEES: \$ 85.00 Active \$ 25.00 Admi Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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