

L09000060390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

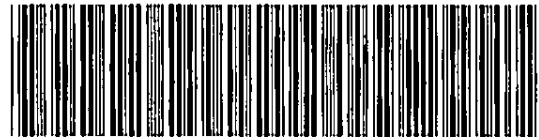
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 31 PM 4:38

K. SALY
FEB 1 2018



Pameia T. Karlson, B.C.S.
Board Certified Real Estate Lawyer
Joy Bogaert, Attorney at Law

January 29, 2018

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Resignation of Registered Agent for a Corporation
SUNSHINE FLAVORS AND BEVERAGES, LLC
File No. 302-09

Dear Sir or Madam:

Enclosed please find the following:

1. Cover letter;
2. Resignation of Registered Agent for a Limited Liability Company;
3. Our Check in the amount of \$85.00 to cover the filing fee.

A copy of this resignation has been mailed to the LLC at the last known address.

If you have any questions, or desire additional information, please do not hesitate to contact our office.

Sincerely,

David R. Mains, Paralegal

/drm

Enclosures as stated.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE FLAVORS AND BEVERAGES, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L09000060390

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:

DAVID R. MAINS, PARALEGAL

Name of Person

KARLSON LAW GROUP, P.A.

Name of Firm/Company

301 DAL HALL BLVD

Address

LAKE PLACID, FL 33852

City/State and Zip Code

info@karlsonlaw.com

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

For further information concerning this matter, please call:

David R. Mains

Name of Person

at (863) 465-5033

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

PAMELA T. KARLSON, P.A.

Name of Registered Agent

Registered Agent for SUNSHINE FLAVORS AND BEVERAGES, LLC

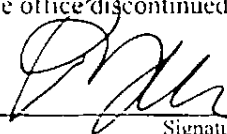
Name of Limited Liability Company

L09000060390

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:

PAMELA T. KARLSON

Typed or Printed Name

PRESIDENT

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	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

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