

**L09000084336**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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(Business Entity Name)

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2015 JUL 16 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H. C. C. JUL 17 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4501 Sunrise, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L09000084336

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:

Marta Perez-Pendas, General Counsel

Name of Person

Pacific National Bank, NA

Name of Firm/Company

1390 Brickell Avenue

Address

Miami, FL 33131

City/State and Zip Code

mperez-pendas@pnb.com

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

For further information concerning this matter, please call:

Marta Perez-Pendas at (305) 539-7589  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

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

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

Jose Baloyra

, hereby resigns as

Name of Registered Agent

Registered Agent for 4501 Sunrise, LLC.

Name of Limited Liability Company

L09000084336

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:

Typed or Printed Name

Capacity

FILED  
2015 JUL 16 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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