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| (Re | equestor's Name) | | | |
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| (A. | ddress) | | | |
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| (Ac | ddress) | | | |
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| (C) | ity/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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2011 JAN -4 PH 12: 04
SECRETARY OF STATE.

J. SAULSBERRY EXAMINER

JAN 6 2011

COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: SUNSHINE AUTO SPA LLC Name of Limited Liability Company L 100000 33079 |
| DOCUMENT NUMBER: 210000 5 50 1 |
| 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: |
| DANIEL THILAGAN |
| Name of Person |
| |
| Name of Firm/Company +1-3301 |
| 1330 OLD SPANISH TRAIL #3301 |
| Address |
| HOUSTON TX 7.7054 |
| City/State and Zip Code |
| THILAGAND ME. LOM |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: $ \begin{array}{cccccccccccccccccccccccccccccccccc$ |
| DANIEL THILAWN at (832) 922-9297 ? Name of Person Area Code & Daytime Telephone Number |
| Name of Ferson 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | imited liability company as it shine Auto Spa LLC. | appears on the records | of the Florida Departm | ent |
|---|--|--------------------------|---------------------------|------------|
| | ity company was organized u | nder the laws of: | | |
| 3. The Florida docum | nent/registration number of th 1 0000033 | is limited liability com | npany is: | |
| 4. I, Moncef Ber (Print Nam | nnaji ne of Person Resigning) | , hereby resign as a | Managing Memb | er |
| of this limited liabi resignation in writi | lity company and affirm the ling. | mited liability compan | | ny |
| Signature of Resign | ning Member, Managing Men | nber or Manager | JAN -4 PH 12: 01 | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 2: 04 됐 됐 한 자 | Me 3 week. |

CR2E079 (5/06)