

L10000046539

(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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04/17/19--01006--000 \*\*25.00

FILED  
2019 APR 17 AM 10:40

Resignation

APR 26 2019  
LALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunshine Workforce 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:

Steven D Tabarrini  
(Contact Person)

Sunshine Workforce LLC  
(Firm/Company)

28101 Racetrack Rd #706  
(Address)

Bonita Springs, FL 34135  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven D Tabarrini at ( 239 ) 405-9053  
(Name of Contact Person) (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

FILED  
2019 APR 17 10:10:10  
TALLAHASSEE

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Sunshine Workforce LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000045639

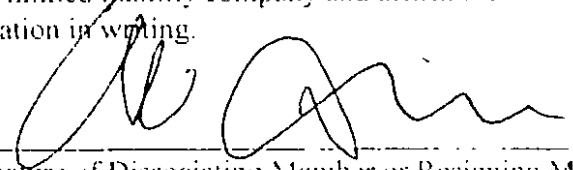
3. The date this member/manager withdrew/resigned or will withdraw/resign is: April, th, 2019

4. I, Victor E Tabarrini, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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