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COVER LETTER

TO: Registration Section Division of Corporations	ī
SUBJECT: SUNRISE SUITES	
(Name of Limited	Liability Company)
The enclosed member, managing member or man filing.	nager resignation and fee(s) are submitted
Please return all correspondence concerning this	matter to:
Gregory S. Oropeza, Esq.	
(Contact Person)	-
Smith Oropeza, P.L.	
(Firm/Company)	
138 Simonton Street	
(Address)	
Key West, Florida 33040	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Gregory S. Oropeza, Esq. at (305 296-7227
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
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Registration Section	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it a of State is: SUNRISE SUITES 208, LLC	ppears on the records of the Florida Departmen
This limited liability company was organized un Florida	der the laws of:
3. The Florida document/registration number of this L10000105416	s limited liability company is:
L. Deborah Scarlet Swift Batty	, hereby resign as a Managing Member
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the lin resignation in writing.	nited liability company has been notified of my
Signature of Resigning Member, Managing Memb	et) or Manager

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)