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JUN 0 6 2014 C. CARROTHERS

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sunshine Capital Trust, UC (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:
Crag M. Oorne (Contact Person)
Craig M. Dorne P.A.
3132 Ponce de Lean Blvd (Address)
Coral Gables, FL 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
Croug M. Dorne at (305) 531-7890  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\times\$25 Filing Fee & Certified Copy

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

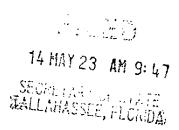
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



## 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 Capit	al Trust, LLC
		signed to this limited liability company is:
<u> </u>	0106547	·
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: 01/15/14
4. I, Philip (Print N	pe Buttoul ame of Person Resigning)	, hereby withdraw/resign as a
	NOOCY (Print Tale)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ning Manager
•	\$25.00 (Required) \$30.00 (Optional)	State of Frenda Carty of Many Dade
сышей сору.	φυσιου (Optional)	ELIZABETH D. MONTEALEGRE Notary Public - State of Florida My Comm. Expires Sep 19, 2015 Commission # EE 131817