L11000117881

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP ■ WAIT MAIL (Business Entity Name) (Document Number) Certified Copies_ Certificates of Status _ Special Instructions to Filing Officer:

Office Use Only



700252252967

10/07/13--01007--002 **25.00

2013 OCT - 7 AM 8: 43

B. BOSTICK OCT - 8 2013

EXAMINER

COVER LETTER

* **TO:** Registration Section Division of Corporations

SUBJECT: Sunrise Concessions of Siesta Key LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

P.Jansso	on			
	(Contact Person)		_	
sunrise c	oncessions of sies	sta key	•	
	(Firm/Company)		- -	
114-06 8	1st			ZUI3 UCI
	(Address)		_	ALLAND I
Parrish	fla 34219			SSEE.
	(City/State and Zip Code)		_	77.
For further infor	mation concerning this matter,	please call:	3.	ORIDE
P.Jansso	on at	,941	, 2323107	
(Name	e of Contact Person)		& Daytime Telephone	Number)
	find a check made payable to the \$25 Filing Fee		Department of State for \$55 Filing Fee & Certified Copy	r:

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 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as in NRISE CONCESSION		
2. This limited liabili	ty company was organized	under the laws of:	2013 OCT -7 ZO13 OCT -7 RECORLIAGE TALLAMASS
	nent/registration number of	this limited liability compa	any is:
4.1, CEPER	JANSSO W ne of Person Resigning)	, hereby resign as a	MARALY 50 (Print Title)
of this limited liabil	ity company and affirm the	limited liability company	has been notified of my
	MSSon		
Signature of Resign	ning Member, Managing M	ember or Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		