112000011950

(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



600256939996

14 HAR - 7 28 3: 28

B. BOSTICK
MAR 1 0 2014

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/7/14

NAME:

SUNSHINE BETTY LLC

TYPE OF FILING: RESIGNATION OF REGISTERED AGENT

COST:

85.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,	
Cal Title - Search, Inc., hereby resigns	s as
Registered Agent for Sunshine Betty LIC	
Name of Limited Liability Company	
L12000011950 Document Number, if known	
A copy of this resignation was mailed to the above listed limited liability company at its	last known address.
The agency is terminated and the office discontinued on the 31st day after the date on wh	nich this statement is filed.
Krista Jeal	
If signing on behalf of an entity:	
Kristy Teal Typed or Printed Name	
office assistant	
Capacity	100 mm
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314