

# L120000 84727

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

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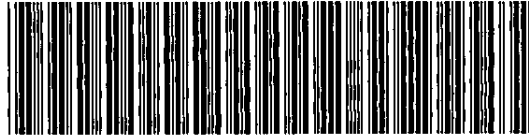
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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D. BRUCE  
OCT 2 2012  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUNEAGLE PLAZA, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000084727

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ENRIQUE LEON  
Name of Person

THE CORTES LAW GROUP, P.A.  
Name of Firm/Company

6220 S ORANGE BLOSSOM TRAIL SUITE 134  
Address

ORLANDO, FL 32809  
City/State and Zip Code

corteslaw4@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENRIQUE LEON at ( 407 ) 624-4034  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

### MAILING ADDRESS:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET ADDRESS:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Sancharles Corp

Name of Registered Agent

, hereby resigns as

Registered Agent for Suneagle Plaza, LLC

Name of Limited Liability Company

L12000084727

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 which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Francisco Lopez

Typed or Printed Name

President

Capacity

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

### FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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