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SECKENARY OF STATE

OCT 1 5 2013

T. PARTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability	ive Express, uc
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
GVEGO W. Avel (Contact Person)	
Florida Sunshine Expla	ess
3307 Clark Rd, #201	
Savassta, PL 34231 (City/State and Zip Code)	·
For further information concerning this matter, please	call:
(Name of Contact Person) at (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Floring Fee	ida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (5/06)

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 of State is:	limited liability company at	s it appears on the record	ds of the Flori	da Depa	rtment
2. This limited liab	lity company was organize	d under the laws of:			
3. The Florida docu	ment/registration number o	of this limited liability co	• •		
4. I, (Print No	Jel A Pevez ame of Person Resigning)	hereby resign as	a May	W\ t Title)	· -
• •	oility company and affirm th	ne limited liability comp	oany has been	notified	of my
resignation in wri	ting.				
V	L				
Signature of Resi	gning Member, Managing N	Member or Manager			
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)			SECRE	2013 OC

CR2E079 (5/06)

2013 OCT 15 PH 1: 44
SECRETARY OF STATE