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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	∋ #)
PICK-UP	MAIT WAIT	MAIL
(Busi	ness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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K. SALY EXAMINER

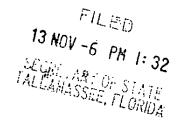
NOV -7 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SUNWAY LIMO (Name of Limite	LLC ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	nis matter to:
ANTHONY SESSA (Contact Person)	
SUNWAY UMO LUC (Firm/Company)	
1576 CROSSWIND CIRCLE (Address)	
DELANCO, FL 32825 (City/State and Zip Code)	·
For further information concerning this matter	, please call:
ANTHONY SESSIA (Name of Contact Person)	at (<u>407</u>) <u>937 - 90 SO</u> (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	-
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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

	SUNWAY LIMO, LLC
	pility company was organized under the laws of:
MNY a	NO ALL LAWFUL BUSINESS.
	ument/registration number of this limited liability company is:
4. I, <u>Galogia</u> (Print)	K. METORIF , hereby resign as a MONAGING MEMBER (Print Title)
of this limited lia resignation in wi	bility company and affirm the limited liability company has been notified of my riting.
Cloria	Molach
Signature of Res	igning Member, Managing Member or Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
Corumeu Copy.	