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

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Att of Inc. File LTD Partnership File Forcign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Ant. of Annend, File RA Resignation Dissolution / Wibdrawal Annual Report / Reinstatement Cen. Copy Photo Copy Centificate of Good Standing Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Search Fictitious Search Diving Record UCC 1 or 3 File UCC 1 or 3 File UCC 1 or 3 File UCC 1 I Search UCC 1 I Search UCC 1 I Search UCC 1 I Search UCC 1 I Retrieval UCC 1 Retrieval UCC UNIFER Search UCC II Retrieval UCC UNIFER Search UCC UNIFE Search UCC UNIFER Search UCC UNIFE Search UCC UNIFER Search UCC UNIFE Search			
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Merger File ✓ Art. of Amend. File — RA Resignation — Dissolution / Withdrawal — Annual Report / Reinstatement — Cert. Copy ✓ Photo Copy — Certificate of Good Standing — Certificate of Fictitious Name — Corp Record Search — Officer Search — Fictitious Search — Fictitious Search — Vehicle Search — Vehicle Search — Driving Record Requested by: BA O2/23/17 Name Date Time Walk-In Will Pick Up Courier Art. of Amend. File — Art. of Amend. File — Corp Record Search — Certificate of Fictitious Name — Corp Record Search — Fictitious Search — Vehicle Search — UCC 1 or 3 File — UCC 11 Search — UCC 11 Search — UCC 11 Retrieval			
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COVER LETTER

_	stration Section sion of Corporations					
SUBJECT:	Sunny Isles Realty Group LLC					
5520161.	(Name of Limited Liability Company)					
The enclosed	d member, resignation or dissoc	ciation and fee(s) are submitted for filing.			
Please return	all correspondence concerning	g this matter to				
Mimi Bared						
	(Contact Person)		_			
Bared and	Associates, PA		•			
	(Firm/Company)		_			
201 Alhamb	ora Circle, Suite 601					
	(Address)					
Coral Gable	es, FL. 33134					
	(City/State and Zip Code)		_			
For further in	formation concerning this mat	ter, please call:				
Mimi Bared		305	666-6010			
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed plea \$25 Filing	ase find a check made payable Fee		Department of State for: g Fee & Certified Copy			
Registration S Division of C Clifton Buildi 661 Executiv	orporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of th	e limited liability company as it ap	ppears on the records of the I	Florida Department
of State is: Sur	nny Isles Realty Group LLC		·
2. The Florida doo	cument/registration number assign 62	ed to this limited liability co	empany is:
	ember/manager withdrew/resigned	d or will withdraw/resign is:	January 2, 201 7
4. I, Robert A. Le	Name of Person Resigning)	, hereby withdraw/resign as	a
(Print)	Name of Person Resigning)		
1% Member,	, Manager		
	(Print Title)		
of this limited lia resignation in w	ability company and affirm the lim	nited liability company has be	een notified of my
jobat	D.J.		17 FEB
Signature of D	issociating Member or Resigning	Manager	Ω
Filing Fee:	\$25.00 (Required)		op IJ
Certified Copy:	\$30.00 (Optional)		£-