

L14000045292

(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



000374777420

10/12/21--01053--004 \*\*525.00

2021 OCT 12 PM 2:07

RA/RES

OCT 20 2021

I ALBRITTO

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA SUNSHINE RENTALS, LLC.  
Name of Limited Liability Company

DOCUMENT NUMBER: 14000045292

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:

MYHANH LOUDEN  
Name of Person

FLORIDA SUNSHINE RENTALS, LLC.  
Name of Firm/Company

500 S Federal Hwy #1641  
Address

Hallandale, FL 33008  
City/State and Zip Code

HANH LOUDEN@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myhanh Louden at ( 954 ) 554 0821  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

MYHANH LOUDEN

Name of Registered Agent

, hereby resigns as

Registered Agent for

FLORIDA SUNSHINE RENTALS LLC.

Name of Limited Liability Company

L14 0000 45292

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

MYHANH LOUDEN

Typed or Printed Name

Registered Agent

Capacity

2021 OCT 12 PM 2:07

## **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