

| (Re                                     | equestor's Name)   |             |
|-----------------------------------------|--------------------|-------------|
| (Ad                                     | ldress)            | <del></del> |
| (Ad                                     | ldress)            |             |
| (Cit                                    | ty/State/Zip/Phone | <b>≥</b> #) |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bu                                     | isiness Entity Nar | ne)         |
| (Do                                     | ocument Number)    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
|                                         |                    |             |
|                                         |                    |             |
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R. WHITE

## **COVER LETTER**

Registration Section Division of Corporations

TO:

| SUBJECT: Sunstate Tich Name of Limited                                                                                     | nologies LC                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| DOCUMENT NUMBER: L 14000                                                                                                   |                                                                                                            |
| DOCUMENT NUMBER: 279000                                                                                                    | 000 788                                                                                                    |
| The enclosed Resignation of Registered Agent for for filing.                                                               | a Limited Liability Company and fee are submitted                                                          |
| Please return all correspondence concerning this m                                                                         | atter to the following:                                                                                    |
| Maurice Oncodier Name of Person                                                                                            |                                                                                                            |
| Arcadiur & associat<br>Name of Firm/Company                                                                                | <u>IS</u>                                                                                                  |
| 2815 West New Har                                                                                                          | ven ave.                                                                                                   |
| Ste 304 melboune, Fl 36 City/State and Zip Code                                                                            | 2904                                                                                                       |
| E-mail address: (to be used for future annual report noti                                                                  | fication)                                                                                                  |
| For further information concerning this matter, plea                                                                       | ase call:                                                                                                  |
| Maurice Arcadier at (A                                                                                                     | rea Code Daytime Telephone Number                                                                          |
| Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company. | epartment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited |
| MAILING ADDRESS:                                                                                                           | STREET ADDRESS:                                                                                            |
| Registration Section                                                                                                       | Registration Section                                                                                       |
| Division of Corporations                                                                                                   | Division of Corporations                                                                                   |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314



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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 the                         | limited liability company as it appears on the records of the Florida Department       |
|--------------------------------------------|----------------------------------------------------------------------------------------|
| of State is:                               | Junstate Technologies, LeC.                                                            |
| 2. The Florida docu                        | ment/registration number assigned to this limited liability company is:                |
| _L140                                      | 00065788                                                                               |
| 3. The date this me                        | mber/manager withdrew/resigned or will withdraw/resign is:                             |
| 4. I, Mark                                 | hereby withdraw/resign as a man of Person Resigning)                                   |
| -mG                                        | (Print Title)                                                                          |
| of this limited lial<br>resignation in wri | pility company and affirm the limited liability company has been notified of my iting. |
| Met Miti                                   | 2                                                                                      |
| Signature of Di                            | ssociating Member or Resigning Manager                                                 |
| Filing Fee:                                | \$25.00 (Required)                                                                     |
|                                            | \$30.00 (Optional)                                                                     |