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(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to	Filing Officer:				





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2016 NOV 18 FO 12: 40
SECRETARY OF STATE
SECRETARY

D. BRUCE NOV 21 2016

COVER LETTER

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Tallahassee, Florida 32314

TO: ", Registration Section
Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT:	SUNSHINE RENTA	ALS GROUP L	LC				
(Name of Limited Liability Company)							
The enclosed me	mber, resignation or dissoc	ciation and fee(s	s) are submitted for	filing.			
Please return all	correspondence concerning	g this matter to:					
	DAVID SUAREZ						
(Contact Person)			_				
SUNSH	INE RENTALS GROUP	LLC					
(Firm/Company)			_				
10871	SW 6TH STREET UNIT	1					
	(Address)		-	SEI SEI	2016		
М	IIAMI, FLORIDA 33174			AHA.	016 NOV 18		
	(City/State and Zip Code)		-	AY S	8		
For further inform	mation concerning this ma	tter, please call:		OF ST	U Si		
DAVID SUA	REZ	305	915-7242	ATE RIDA	E 0		
(Name	of Contact Person)	(Area Code	& Daytime Telepho	one Number)	-		
Enclosed please \$25 Filing Fee	find a check made payable		Department of State g Fee & Certified C				
		-	,				
STREET/COUI Registration Sect Division of Corp			MAILING ADD Registration Section Division of Corporation	ion			
Clifton Building			P.O. Box 6327				



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)

	limited liability company SUNSHINE RENTAL	as it appears on the records of	the Florida I	Department
2. The Florida doc		assigned to this limited liabili	ity company i	is:
3. The date this me	ember/manager withdrew/r	resigned or will withdraw/resigned	11/14/ gn is:	2016
AIA	AF RUIZ	, hereby withdraw/resi		
1	MGR		7 <u>4</u> 5 2	2
J AM	bility company and affirm iting.	the limited liability company	ECRETION OF STATE LLAHABSEE, FLORIDA has	fried of They
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			
CELLINGU CODY:	あういいり (Optional)			