

L14000193102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

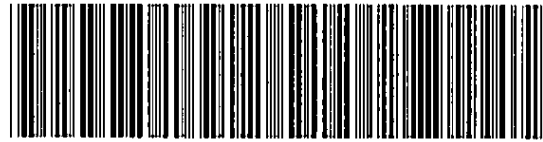
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700367430637

06/04/21--01026--015 \*\*112.50

2021 JUN -14 AM 6:35

O SIMN

JUL 07 2021

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IN THE SUN CONCEPTS, L.L.C  
(Name of Corporation)

**DOCUMENT NUMBER:** 14000193102

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chad D Rawlings  
\_\_\_\_\_  
(Name of Person)

IN THE SUN CONCEPTS, L.L.C  
\_\_\_\_\_  
(Name of Firm/Company)

3753 Madbury Cir  
\_\_\_\_\_  
(Address)

Lakeland FL, 33810  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chad Rawlings at (307) 746-8389  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2021 JUN -4 AM 6:35

**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: IN THE SUN CONCEPTS, L.L.C

2. The Florida document/registration number assigned to this limited liability company is:  
L14000193102

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4-12-2021

4. I, Andrea A Rawlings, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized Member, Registered Agent

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)