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Office Use Only



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SECRETARY OF STATE.

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sunstate Property Management LLC (Name of Limited Diability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Maeian Liardo (Contact Person)
Sunstate Property Management LLC
771 Ciara Creek Cove
Longwoon FL 32750 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407) 268-4447 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 2-\$25 Filing Fee
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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)

	mited liability company as it appears on t	Λ Λ	-	
of State is:	Sunstate Proper-	ty Manage	ement l	LC
2. The Florida docur	nent/registration number assigned to this	limited liability compar	ny is:	
L15	000141341			
	ber/manager withdrew/resigned or will w	vithdraw/resign is: 9	113/16	
4.1, Maria	ne of Person Resigning), hereby			
AM	SR Print Title)			
	lity company and affirm the limited liabil	lity company has been r	notified of my	,
Signature of Dis	sociating Member or Resigning Manager		2016 NOV SECRETA	n
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		OV -4 P 12: 1	ILED