# L160000 41562

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#### **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		

SUBJECT: LG SUNShinE NETERNAL OFFICE LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

HENANGE L LANTEN

(Contact Person)

LG Sunshine NEFORNAL Office

(Firm/Company)

9693 TSVO/i Villa D

(Address)

MIAND # 32825

For further information concerning this matter, please call:

Mer angu Lanten at (321) 9177539

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\textstyle \\$25 \text{ Filing Fee & Certified Copy}\$

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



### 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 as it appears		=	iment	t
of State is:	sunshine refere	al office u	<u>.</u>	·	
2. The Florida docu	ment/registration number assigned to	this limited liability compar	ny is:		
L1602	10041562				
3. The date this me	mber/manager withdrew/resigned or w	rill withdraw/resign is: _O	4/011	118	,
	vato Garcia, here				
MG	R.				
(	(Print Title)				
of this limited lial resignation in wri	oility company and affirm the limited I ting.	iability company has been r	notified o	f my	
Signature of Di	ssociating Member or Resigning Mana	iger	SECR	16 AI	« akkey k Maga
•	\$25.00 (Required)		HASSI	1-36	7 - Addison
Certified Copy:	\$30.00 (Optional)		OF S-	PH 12: 3:	
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