

# L16000052466

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

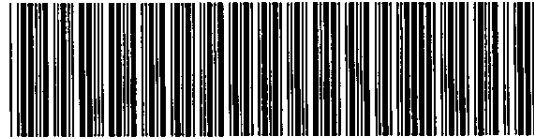
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



## 200291981482

11/14/16--01037--012 \*\*25.00

12/01/16--01028--003 \*\*60.00

FILED  
2016 DEC -1 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
DEC - 2 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2016

LEANDRO A VEGA  
2849 SW 39 AVE  
MIAMI, FL 33134

SUBJECT: SUN LOGISTICS SERVICES, LLC  
Ref. Number: L16000052466

RECEIVED  
2016 DEC -1 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SUN LOGISTICS SERVICES, LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 516A00024576

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sun Logistics Services LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000052466

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leandro A. Vega

Name of Person

Name of Firm/Company

2849 Sw 39 Ave

Address

Miami, FL 33134

City/State and Zip Code

slservices23@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leandro A. Vega

Name of Person

at ( 305 ) 773-8381

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED  
2016 DEC - 1 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**Ramon E. Diaz**

, hereby resigns as

Name of Registered Agent

Registered Agent for **NIGHTFALL EXPRESS LOGISTICS LLC**

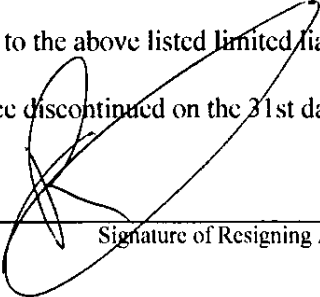
Name of Limited Liability Company

**L16000052466**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314