

# L16000137556

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

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

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

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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

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

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

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DIVISION OF CORPORATIONS

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNSHINE 19 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:

DAHBALI SHUKRI  
(Contact Person)

SUNSHINE 19 LLC  
(Firm/Company)

1530 VILLA CAPRI CIR #310  
(Address)

ODESSA, FL 33556  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAHBALI SHUKRI at 928 304-1666  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$55 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



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SUNSHINE 19 LLC
2. The Florida document/registration number assigned to this limited liability company is: L16000137556
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09.01.2016
4. I, ABADI ABDULGUBAR, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
MGR  
(Print Title)

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

X Shurinda Abdulgubar

Signature of Dissociating Member or Resigning Manager

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

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