

L16000192658

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KANE AND KOLTUN, ATTORNEYS AT LAW
Account Number : 120080000039
Phone : (407) 661-1177
Fax Number : (407) 660-6031

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**LLC REGISTERED AGENT RESIGNATION
SUNSHINE STATE CONSTRUCTION GROUP, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$85.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine State Construction Group, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L16000192658

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

Please return all correspondence concerning this matter to the following:

Jeffrey M. Koltun

Name of Person

Kane and Koltun, Attorneys at Law

Name of Firm/Company

150 Spartan Drive, Suite 100

Address

Maitland, Florida 32751

City/State and Zip Code

dalc@kaneandkoltun.com

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

For further information concerning this matter, please call:

Dale Barnett

at (

407

661-1177

Name of Person

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Jeffrey M. Koltun, hereby resigns as

Name of Registered Agent

Registered Agent for Sunshine State Construction Group, LLC

Name of Limited Liability Company

L16000192658

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

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DIVISION OF CORPORATIONS
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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