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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

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COVER LETTER

Registration Section Division of Corporations AM Properties Investment Group LLC SUBJECT: (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: Kenneth Avellanet (Contact Person) Sunsational Construction Group (Firm/Company) 6716 NW 107th Way (Address) Parkland, FL 33076 (City/State and Zip Code) For further information concerning this matter, please call: at (_____) 289-3011 (Area Code & Daytime Telephone Number) Kenneth Avellanet (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:



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)

	Elimited liability company a	is it appears on the records of OUP, LLC	the Florida Departn	nent
2. The Florida doc	ument/registration number a	assigned to this limited liabilit	ty company is:	
Sunsational Con	struction Group - LLC	signed or will withdraw/resigned. hereby withdraw/resign		
(Print A	lame of Person Resigning)	, hereby withdraw/resig	******	
	(Print Title) bility company and affirm titing.	he limited liability company l	nas been notified of	my
Mall			2020 AUG -3 SECRETAR TALLAHA	- april
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	gning Manager	3-3 PM 1:5 PARY OF STATE AHASSEE, FL	