

L17000102091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

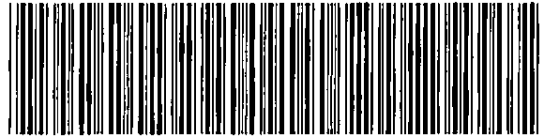
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2023 NOV -5 PM 12:09

100418526571

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sundance Peak, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L17000102091

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:

A.T. MATHIS

Name of Person

ANDERSON REGISTERED AGENTS, INC.

Name of Firm/Company

New RA Address: 625 E. TWIGGS STREET, SUITE 110

Address

TAMPA, FL 33602

City/State and Zip Code

catherine.sarmiento@andersonadvisors.com

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

For further information concerning this matter, please call:

Catherine Sarmiento

at (702) 871-8535

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

Anderson Registered Agents, Inc.

, hereby resigns as

Name of Registered Agent

Registered Agent for Sundance Peak, LLC

Name of Limited Liability Company

L17000102091

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:

A.T. Mathis

Typed or Printed Name

President, Anderson Registered Agents, Inc.

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

2023 JUN 12 12:09
Filing Date

October 27, 2023

Florida Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: **Lamb IT Solutions, LLC**

To Whom It May Concern:

Enclosed please find the following:

- Articles of Amendment; and
- A check for \$25 for the filing fees payable to Florida Division of Corporations; and
- A pre-addressed return envelope. Please use it to return the filed documents to me.

If you have any questions or concerns regarding this filing, I can be reached at 800-706-4741 or cnichols@andersonadvisors.com.

Thank you.

Caleb Nichols