L18000114078

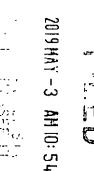
(1	Requestor's Name)			
(Address)				
(Address)			
	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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C. GOLDEN MAY 1 5 2019

COVER LETTER

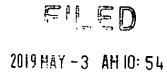
TO: Registration Section Division of Corporations

SUBJECT:	TINE DISTRIBUTION, LLC nited Liability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to:			
Jiro Shimada - (Contact Person)	Torres.			
SE SUNSHINE DIS	STRIBUTION, LLC			
(Firm/Company) 2410 NE 4TH ST (Address)				
HOMESTEAD, FL 33033 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Jiro Shimada - Torres (Name of Contact Person)	_at (
Enclosed please find a check made payable to \$25 Filing Fee	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)

Tallahassee, Florida 32301





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	e limited liability company as it a	ppears on the records of the Florida Department
of State is: S	SE SUNSHINE	DISTRIBUTION, LLC
2. The Florida doc	cument/registration number assign	ned to this limited liability company is:
	0114078	_·
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is: 05 06 2019
4. I. JIM 5	himada - Torres Name of Person Resigning)	hereby withdraw/resign as a
	NEV/AHOR.	
of this limited lia resignation in wa	ability company and affirm the lir	nited liability company has been notified of my
	- Sim	
Signature of D	Dissociating Member or Resigning	, Manager
Filing Fee:	•	
Certified Copy:	\$30.00 (Optional)	