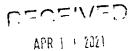
## L18000124182

(Requestor's Name)						
(Address)						
(Address)						
(City/Ctota/Tia/Dhaga #2						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
F						
Special Instructions to Filing Officer:						

Office Use Only



600364026796



04/20/21--01008--012 \*\*25.00



## COVER LETTER

TO:	Registration Section Division of Corporations			
cumi	Ander Sun Properties of Florida LLC			
SUBJ	ECT:(Name of Limit	ted I.	iability Co	ompany)
The e	nclosed member, resignation or dissocia	ation	and fee	(s) are submitted for filing.
Please	e return all correspondence concerning t	this I	natter to	p:
Doug	Anderson			_
	(Contact Person)	III-		
-	(Firm/Company)			
528 F	, Michigan Street			
	(Address)			
Marqu	uette Michigan 49855			
	(City/State and Zip Code)			<del></del>
For f	urther information concerning this matte	er. p	lease ca	H:
Doug	Anderson	at (	906	250 9095
	(Name of Contact Person)	(	Area Co	de & Daytime Telephone Number)
	osed please find a check made payable t 25 Filing Fee	o the	e Florida \$55 Fil	a Department of State for: ing Fee & Certified Copy
	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



## 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)

I. The name of the of State is:	er Sun Properties of Florida LLC	s it appears on the records of the	Florida Department
2. The Florida doc	cument/registration number as	ssigned to this limited liability c	ompany is:
Benjamin Palmi	tier	igned or will withdraw/resign is	<del></del>
(Print )	Yame of Person Resigning)	, hereby withdraw/resign a	s a
	(Print Title) bility company and affirm the citing.	e limited liability company has l	-
Signature of D	issociating Member or Resign	ning Manager	2021 APR 19
Filing Fee: Certified Copy:			MII: 47