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COVER LETTER

TO: Registration Section			
Division of Corporations			
	. ,		
SUBJECT: SUNRISE CONTRACTOR	es of Florion LLC		
(Name of Limited Liabilit	y Company)		
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	er to:		
FRANCISCO FIGUEROA			
(Contact Person)			
SUNRISE CONTRACTORS OF THORIDA	1 LLC		
(Firm/Company)			
3904 SAN LUIS DR SARAFOTA	PL		
(Address)	<u>·</u>		
SAMSOTA PL 34235			
(City/State and Zip Code)			
For further information concerning this matter, please	call:		
FRANCISCO FIGUEROA at 194	1 812-5056		
(Name of Contact Person) (Area	Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Flor	rida Department of State for:		
	Filing Fee & Certified Copy		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	n 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

CR2E079 (2/14)



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	limited liability company as it ap	pears on the records of	the Florida Department
of State is: <u></u>	UNRISE CONTRACTORS	OF FLORIDA	LLC
2. The Florida doci	ument/registration number assigne	ed to this limited liabili	ty company is:
<u></u>	000142848	,	
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resig	n is: <u>04-26-2</u> 023
4. I, NE	STON ALFONSO 'ame of Person Resigning)	, hereby withdraw/resig	gn as a
,	AMBR.		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the lim iting.	ited liability company l	nas been notified of my
Signature of Di	issociating Member or Resigning	Manager	
	\$25.00 (Required)		20
Certified Copy:	\$30.00 (Optional)		SECRET JH O