

L18000 151 859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

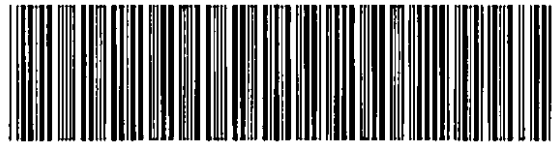
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/31/19--01009--023 \*\*25.00

2019 OCT 31 AM 9:00  
CLERK OF COURT  
HALL COUNTY, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUN RIDGE HOMES LLC  
\_\_\_\_\_  
(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:

ALLISON POPELY

\_\_\_\_\_  
(Contact Person)

SUN RIDGE HOMES LLC

\_\_\_\_\_  
(Firm/Company)

4855 DISTRIBUTION COURT, UNIT 7

\_\_\_\_\_  
(Address)

ORLANDO, FL, 32822

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALLISON POPELY                      407              435-7008  
\_\_\_\_\_  
(Name of Contact Person)              at (              )              (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 appears on the records of the Florida Department of State is: SUN RIDGE HOMES LLC

2. The Florida document/registration number assigned to this limited liability company is: L18000151859

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/20/2019

4. I, DARREN POPELY, hereby withdraw/resign as a

*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)