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6/11/2019

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06/11/2019

10:49 AM

TO: 18506176383 FROM: 5615375904

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 : (407)370-3120 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: COnsulting@ larsonacc. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED SUNSHINE CAR RENTAL LLC

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COVER LETTER

Registration Section Division of Corporations TO:

SUBJECT: SUNSHINE CAR RENTAL	LLC		
	mited Liability Company)		
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:		
CAROLINE LARSON			
(Contact Person)			
LARSON ACCOUNTING GROUP			
(Firm/Company)			
7901 KINGSPOINTE PKWY STE 17			
(Address)			
ORLANDO, FL			
(City/State and Zip Code)			
For further information concerning this ma	nter, please call:		
JOAO B FERNANDES DE M JUNIOR	407 973-2718		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable \$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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassee, Florida 32314		

2661 Executive Center Circle Tallahassee, Florida 32301

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 60	05.0216, F	Torida Statut	es)	一至9
1. The name of the	limited liability compan	 ny as it app	pears on the r	ecords of the	Florida Department
	SHINE CAR RENTAL				·
2. The Florida docu L1800017809	iment/registration numb	er assigne	d to this limi	ted liability o	company is:
3. The date this me	mber/manager withdrew	 viresigned	or will with	draw/resign i	06/11/2019 s:
JOAO B FEF	RNANDES DE MELO ame of Person Resigning)			draw/resign :	
MGR	unic by Cerver Resignings				
	(Print Title)	<u>†</u>			
of this limited lia resignation in wr	bility company and affir iting.	the lim	ited liability	company has	been notified of my
The state of the s	Destanda do,	Ma J.	_		
Signature of Di	ssociating Member or R	Resigning	Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				