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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

Phone : (407)898-1757

Fax Number : (407)897-5336

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUN RISING ENTERPRISES LLC

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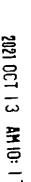
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Page: 3 16/13/2021 13:12 PM TO:18506176383 FROM:5612934213

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and for	ce(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
STEPHANIE CASTRO	
(Contact Person)	<del></del>
ACCOUNT BOOKKEEPING CORP	
(Firm/Company)	<del></del>
5301 CONROY RD, STE 140	
(Address)	
ORLANDO, FL 32811	
(City/State and Zip Code)	
For further information concerning this matter, please ca	all:
STEPHANIE CASTRO 407	898-1757
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid  \$\Begin{align*} \Begin{align*} a	la Department of State for: ling Fee & Certified Copy
= 325 t ming t ee = = = = = = = = = = = = = = = = =	ing roo to sommon sopy
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

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 appears on the records of the Florida Department
of State is:
2. The Florida document/registration number assigned to this limited liability company is:
L18000200933
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/13/2021
4. I, MARY MALDONADO PEREZ , hereby withdraw/resign as a (Print Name of Person Resigning)
(Print Name of Person Resigning)
MGR
(Prin: 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