# 118000 259058

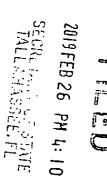
(Requestor's Name)
(Address)
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(
(6) (6) (7) (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
12
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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R. WHITE MAR 0 1 2019

#### **COVER LETTER**

Division of Corporations	
SUBJECT: Sunsout LLC (Name of Limited L	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
	•
Please return all correspondence concerning this r	natter to:
1.	
Kyle Knecker (Contact Person)	
(Conact retson)	
Carrie Labela	
Sussaut LLL (Firm/Company)	
6013 firefly Dr	
6013 firefly Dr. (Address)	
Pensacola FL 32507 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, pla	case call:
Kyle Knecker at (	263 1360-4242
Kyle Knecker at ( (Name of Contact Person)	Area Code & Daytime Telephone Number)
Englosed places find a shock made noughts to the	Florida Danamura of Santa form
Enclosed please find a check made payable to the \$\infty\$ \$25 Filing Fee \$\square\$ \$\square\$ \$\square\$	555 Filing Fee & Certified Copy
	oss i illing i de de certifica copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (2/14)

**TO:** Registration Section



#### FILED

2019 FEB 26 PM 4: 10

SECRETARY, OF STATE TALLAHASSEE, FL

### 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: See	psont LLC
2. The Florida docu	ament/registration number assigned to this limited liability company is:
L180002	<u>59058</u>
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 2/12/19
4. I, Kyle 1	hereby withdraw/resign as a lame of Person Resigning)
Manage	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Ash Ku	M-
	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)