# L19000113902

AM	(			
	(Requestor's Na	ame)	<del></del>	
	(Address)		<del></del>	
	(Address)			
	(City/State/Zip/F	Phone #)		
PICK-L	P WAIT	T MAIL		
	(Business Entity	y Name)		
(Document Number)				
Certified Copies	Certific	cates of Status		
Special Instruction	s to Filing Officer			

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2023 DEC 27 PM 12: 20

### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: SUNSET UNITS LLC	of Limited Liability	Company
DOCUMENT NUMBER: L190001139	•	Company
DOCUMENT NUMBER: 2 10000 1100		
The enclosed Resignation of Registered A for filing.	agent for a Limited	Liability Company and fee are submitted
Please return all correspondence concernit	ng this matter to th	ne following:
Brenna Lutter		
Name of Person		-
Business Filings Incorporated		
Name of Firm/Company		
8020 Excelsior Drive Suite 200		
Address		•
Madison, WI 53717		
City/State and Zip Code		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this ma	atter, please call:	
Brenna Lutter	608	827-5300 Daytime Telephone Number
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Fliability company or \$25.00 for an administiability company.	Florida Departmen stratively dissolve	t of State for \$85.00 for an active limited d, voluntarily dissolved or withdrawn limited

#### MAILING ADDRESS:

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

#### STREET ADDRESS:

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

TO:

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.01	15. Florida Statutes, the unc	lersigned,			
Business Filings Incorporated		, hereby resigns as			
Name of Registered Age	ent	Hereby resigns us			
Registered Agent for SUNSET UNITS L	LLC				
Name of Lit	mited Liability Company			<del></del> ·	
L19000113902					
Document Number, if known					
A copy of this resignation was mailed to the	above listed limited liabilit	y company at its last ki	nown add	lress.	
The agency is terminated and the office disc	ontinued on the 31st day aff	ter the date on which th	nis statem	ent is f	iled
Burn	Signature of Resigning Agent	<del></del>			
If signing on behalf of an entity:	<b>\</b>		.o <b>5</b>	<b>3</b>	
Brenne	Lutter			7073 DEC 27 PM 12: 20	<del></del> -
	Typed or Printed Name		<u>[</u>	F)	
Asst Secretary	for Business Filings In	corporated		27	
	Capacity		55°C	<del>-0</del>	I
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FILING	FEES:			0	
\$ 85.00 \$ 25.00	Active limited liability Administratively dissol withdrawn limited liab	сонірапу ved/ voluntarily dissol ility company	lved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314