L190001304Z6

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone i	(f)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name	e)
(Docum	nent Number)	
Certified Copies	Certificates of	of Status
Constall and East Section		1
Special Instructions to Filir	ig ∪πicer:	

Office Use Only



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COVER LETTER

TO:	•	Registration Section Division of Corporations				
SUBJ		SUNVENA	Source			
		(Name of	Limited Liability Cor	mpany)		
The er	nclosed membe	r, resignation or diss	sociation and fee(s	s) are submitted for filing.		
Please	e return all corre	espondence concerni	ing this matter to:			
	Michale	Sano		_		
		(Contact Person)				
		(Firm/Company)		_		
		(Firm Company)				
	302 S.	OAK Avone		_		
		(Address)				
	SANFOR	0 , FL 32771				
	(C	City/State and Zip Code)		_		
For fu	erther information	on concerning this m	natter, please call:			
	Michale	Sayo	at (222 - \$141 & Daytime Telephone Number)		
	(Name of C	ontact Person)	(Area Code	e & Daytime Telephone Number)		
Enclos	sed please find	a check made payab		Department of State for:		
□ \$25	5 Filing Fee		☑ \$55 Filing	g Fee & Certified Copy		
	Mailing Addres	5:		Street Address:		
	Registration S	Section		Registration Section		
	Division of C	•		Division of Corporations		
	P.O. Box 632			The Centre of Tallahassee		
	Tallahassee, I	L 32314		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 co	mpany as	it appears on th	e records of the F	lorida l	Depari	tment
of State is:	SUNVENA	SUAR	uc				·
2. The Florida docu	ment/registration	number as	ssigned to this li	mited liability cor	mpany	is:	
<u> </u>	00130426		 '				
3. The date this me	mber/manager witl	ndrew/res	igned or will wit	thdraw/resign is:	3/3	1/2	<u>کا </u>
4. I, MICHE (Print N	UE SLAW ame of Person Resigni MGL WNOR Print Title)	ng)		ithdraw/resign as			
resignation in wr	cility company and ting.	S		y company has be	een noti	2021 HAY 27	of my
Filing Fee: Certified Copy:	\$25.00 (Require \$30.00 (Option	,			ORIDA	PM 2: 29	-