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## **COVER LETTER**

	istration Section sion of Corporations				
SUBJECT:	Sunnyside Brokers USA				
		f Limited Liability Con	npany)		
The enclose	d member, resignation or dis	ssociation and fee(s	are submitted for filing.		
Please retur	n all correspondence concer	ning this matter to:			
	Haissam Elannan				
	(Contact Person)		-		
	(Firm/Company)		-		
	11401 SW 40th Street Suite#	324			
	(Address)		_		
	Miami, Florida 33165			<u>ــــ</u> ت	1315 1387 1387
(City/State and Zip Code)			-		(法語) (の数
For further	information concerning this	matter, please call:		26 P#	1000 J
	Haissam Elannan	786 at (	2959698	ڼ	1037A
(1	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	30	NO.
Enclosed pl  25 Filir	ease find a check made paya ng Fee		Department of State for: g Fee & Certified Copy		Ų1
Reg Divi	ing Address: istration Section sion of Corporations Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314



## 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)

The Florida document/registration num L19000132849	ber assigned to this limited liability company is	:
The date this member/manager withdre	w/resigned or will withdraw/resign is:	9 <del>- 55</del>
Julian Gil L	, hereby withdraw/resign as a	
(Print Name of Person Resigning)		~) ~)
MGR		_ <del></del>
(Print Title)	<del></del> ·	<u>-</u> π
of this limited liability company and aff resignation in writing.	irm the limited liability company has been notifi	ied ößn
Jana Helia		

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)