

L19000234572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

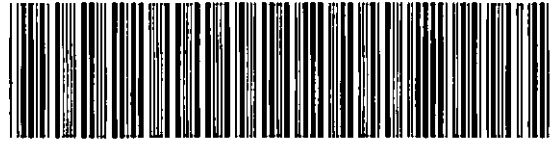
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500366902335

05/24/21--21041--009 \*\*25.00

2021 MAY 21 AM 8:54

7/2/21 7

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Access Sun, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L19000234572

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Castro

Name of Person

Castro & Ramirez, LLC

Name of Firm/Company

1805 Ponce de Leon Boulevard, Suite 500

Address

Coral Gables, Florida 33134

City/State and Zip Code

cacastro@castroramirez.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Castro

Name of Person

at (305)

Area Code

372-2800

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

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

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned.

Carlos Castro \_\_\_\_\_, hereby resigns as  
Name of Registered Agent

Registered Agent for Access Sun, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

L19000234572  
\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Carlos Castro  
\_\_\_\_\_  
Typed or Printed Name  
Registered Agent  
\_\_\_\_\_  
Capacity

### **FILING FEES:**

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

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

2021/11/22 AM 8:54