

120 000 110 334

(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



300380075113

RECEIVED

JAN 24 2022

01/25/22--01005--020 \*\*55.00

2022 JAN 24 PM 2:17  
RECEIVED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNSHINE NUTRITIONALS LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mike savage

(Contact Person)

**sunshine nutritionals LLC**

(Firm/Company)

23084 L. ERMITAGE CIRCLE

(Address)

BOCA RATON FL 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

MIKE SAVAGE at ( ) 215 852-6796

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee ☒ \$55 Filing Fee & Certified Copy

**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



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: SUNSHINE NUTRITIONALS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
60-8018089312-6

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09-01-2021

4. I, NIZAR ALIBHAI, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMEBER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2022 JAN 26 PM 2:37