L 20000 249803

(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:		
Lunils		



900427741679

04/18/24--01012--016 **85.00



CF 85.00

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

Sunshine Abounds II, LLC SUBJECT:	
Name of Limited Liability	Company
DOCUMENT NUMBER: L20000249803	
The enclosed Resignation of Registered Agent for a Limited for filing.	Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	ne following:
Courtney Villanueva	
Name of Person	
Main Street Business Services, LLC	
Name of Firm/Company	
1883 W Royal Hunte Dr Ste 200	
Address	
Cedar City, UT 84720	
City/State and Zip Code	
courtney(q,mainstreetbusiness.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Courtney Villanueva 435	288-0922
Name of Person Area Code	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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provision	ns of section 605.0115. Florida Statutes, the unde	rsigned,			
Registered Agent Solution	ns, Inc.	, hereby resigns as			
	Name of Registered Agent				
Registered Agent for	unshine Abounds II, ELC	**			
	Name of Limited Liability Company				<u>_</u> ·
1.20000249803					
Document Nu	imber, if known				
A copy of this resignation	on was mailed to the above listed limited liability	company at its last	knowr	addres	iS.
The agency is terminated	d and the office discontinued on the 31st day afte	r the date on which	this st	atement	is filed
	Methorgalials		TALL SEC	2024 NPR 18	
	Signature of Resigning Agent	· · · · · · · · · · · · · · · · · · ·	-:	1PR	
If signing on behalf of a	n entity:		<i>i.</i>	8	
	Samantha Niels			PH	
	Typed or Printed Name		:_;	$\ddot{\sim}$	
	Assistant Secretary, Registered Agent Solutions	s, Inc.		17	
	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