L21000 111370

(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:				





000363421290

04/09/21--01037--013 **25.00

SEUGLASSEE, FLORIDA

COVER LETTER

TO:	Registration Section
	Division of Corporations
SUBJ	ECT: SuvPal SunShine LLC (Name of Limited Liability Company)
The e	nclosed member, recipration or disconiction and foc(s) are submitted for

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

Please return all correspondence concerning this matter to:

Contact Person)

(Firm/Company)

WS S.E. 36th ave.

Ocala FL 34471
(City/State and Zip Code)

For further information concerning this matter, please call:

Rosaleen Mahan at (352) 484-6987
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: S25 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 i	t appears on the records of	of the Florida Departi	ment
of State is:	urreal Suns	hine Lh		·
2. The Florida doc	ument/registration number assi	igned to this limited liabi	lity company is:	
L2100	0111370	·		
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resi	ign is: $04-05$	-21
4.1, COllin		, hereby withdraw/res		→ 11
1A	Print Title)			
of this limited lial resignation in wr	oility company and affirm the ting.	limited liability company	has been notified of	my
College			1). 2	
Signature of Di	ssociating Member or Resignia	ng Manager	121 A	
			APR -	
Filing Fee:	\$25.00 (Required)		38.8 19.8 19.8	;
Certified Copy:	\$30.00 (Optional)			1 : 1
			== 2	