

121000115253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

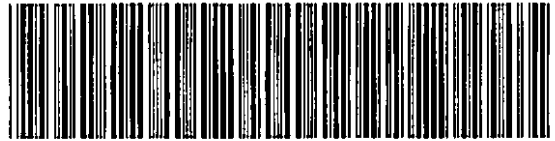
(Business Entity Name)

(Document Number)

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

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04/23/21-- 01016--008 \*\*25.00

2021 APR 23 AM 1:47  
TALLAHASSEE, FLORIDA

**TO:** Registration Section

**SUBJECT:**

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

JUANA E TORRES IS RESIGNING  
213 MANOR AVE HARRISON NJ 07029  
# 516-554-7804

BY:

13447 HENRIE DR, PORT CHARLOTTE, FL 33981  
(City/State and Zip Code)

INGO C. Nowotny at 941 276 5555

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

**Mailing Address:**  
Registration Section

P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section

The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810



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: SUNRISE SETTLEMENTS

2. The Florida document registration number assigned to this limited liability company is:

L21000115253

3. The date this member manager withdrew resigned or will withdraw resign is: 04/21/2021

4. I, Juana Torres, hereby withdraw resign as a  
(Print Name of Person Resigning)

MANAGER / PARTNER / MEMBER  
(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2021 APR 23 AM 1:47