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COVER LETTER

TO: Registration Section	•
Division of Corporations	
SUBJECT: Sunshine Home S	ervices, LLC
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to:
Levin Flexon (Contact Person)	
(Contact Person)	
Sunshine Home Services (Firm/Company)	,LLC
86055 Graham C+ (Address)	
Yulee FL 32097 (City/State and Zip Code)	
For further information concerning this matter, please	e call:
Angelo Flexan at (30) (Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	orida Department of State for:
∑S25 Filing Fee □ \$55	Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	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 a	as it appears on the re	ecords of the Florida I	Department
	Sunshine Home			·
2. The Florida doc	ument/registration number a	assigned to this limit	ted liability company i	is:
L 210	00130387			1
3. The date this me	ember/manager withdrew/re	signed or will withd	raw/resign is: 1/2	0/2022
4.1, Angel	- Klassa	, hereby withd		\ 1
(0-0	WHC (Print Title)			
of this limited lia resignation in wr	bility company and affirm titing.	he limited liability c	ompany has been noti	fied of my
_ A	2mD+			\
Signature of Di	ssociating Member or Resig	gning Manager	-	70.2
Filing Fee: Certified Copy:				2Jäll 21 - Par