

221 000 304 548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

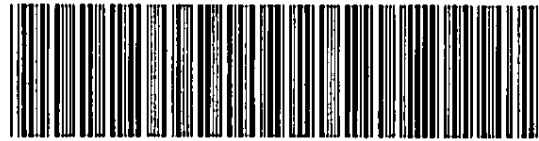
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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cf 10/4/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Scenic Gifts LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L21000304548

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Renee O'Neal
Name of Person

Sunshine Scenic Gifts LLC
Name of Firm/Company

140 Boardwalk Pl W
Address

Madeira Beach, FL 33708
City/State and Zip Code

renee@boattoursjohnspass.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesse Candelaria at (727) 828-9945
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 provisions of section 605.0115, Florida Statutes, the undersigned,

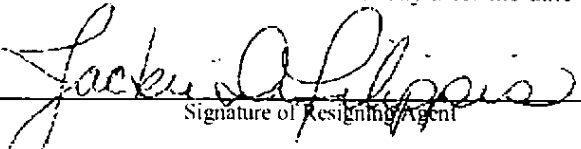
InCorp Services, Inc. _____, hereby resigns as
Name of Registered Agent

Registered Agent for Sunshine Scenic Gifts LLC
Name of Limited Liability Company

L21000304548
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:
Jackie DeFilippis for InCorp Services, Inc.
Typed or Printed Name
Authorized Representative
Capacity

2022 JUN -5 AM 11:53

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