L21000463914

(Requestor's Name)
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COVER LETTER.

TO: • Registration Section Division of Corporations

SUBJECT:	FMB SUNRISE GROUP LLC			
	(Name o	f Limited Liability (Company)	
The enclosed	d member, resignation or di	ssociation and fe	e(s) are submitted for filing.	
Please return	all correspondence concer	ning this matter t	o:	
IVAN PLASC	ENCIA MUNOZ			
	(Contact Person)			
FMB SUNRIS	E GROUP LLC			
	(Firm/Company)			
16071 LAKEV	IEW DR			
 	(Address)			
FT MYERS FL	. 33908			
	(City/State and Zip Code)			
For further in	nformation concerning this	matter, please ca	11:	
IVAN PLASC	ENCIA MUNOZ	239 at (529-8815)	
(N	ame of Contact Person)	(Area Co	de & Daytime Telephone Number)	
Enclosed ple	ase find a check made paya	ble to the Florida	Department of State for:	
≡ \$25 Filing	g Fee	□ \$55 Fil	ing Fee & Certified Copy	
<u>Mailin</u>	ng Address:		Street Address:	
Regis	stration Section		Registration Section	
Divis	ion of Corporations		Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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)

	limited liability company as it appears on the records of the Florida Department SUNRISE GROUP LLC
2. The Florida doc 1.21000463914	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 5/15/2023
LICDETEI DI AG	
MGR	
	Print Title)
of this limited lia resignation in w	oility company and affirm the limited liability company has been notified of my ting.
Lizbeth Pa	scencia
	ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional) ~