122000491096

(Requestor's Name)
(Address)
(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:
11 mills

Office Use Only



600434920516

08/19/24--01014--019 **25.00

COVER LETTER

Division of Corporations		
Sun Title, LLC		
SUBJECT: (Name of Limi	ted Liability	Сотралу)
The enclosed member, resignation or dissocia	ation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning to	his matter	to:
Callhan Soldavini, Esq.		
(Contact Person)		
Soldavini Law, PA		
(Firm/Company)		
791 10th St. S. #301		
(Address)	<u> </u>	_
Napics, FL 34102		
(City/State and Zip Code)	 ·	_ _
For further information concerning this matte	r, please ca	ılı:
Callhan Soldavini	239 at (398-4831
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florid	a Department of State for:
■ \$25 Filing Fee	□ \$55 Fil	ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

CR2E079 (2/14)



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)

of State is: Sun 7	Fitte, LLC	<u> </u>
2. The Florida doc L22000497096	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/n	esigned or will withdraw/resign is:
4. I,	of Florida, LLC, Member Terri P	hillips , hereby withdraw/resign as a
Member	Line by t crook resigning	
	(Print Tille)	
of this limited lia resignation in wr	ibility company and affirm riting.	the limited liability company has been notified of my
Terri f	Phillips	07/16/24
Sig nature of D	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	