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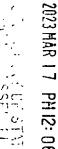
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

_	istration Section		
Divi	ision of Corporations		
SUBJECT	Sunrise Journey, LLC		
	(Name of	Limited Liability Co	ompany)
The enclose	ed member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please retur	n all correspondence concerr	ning this matter to):
Eric Lamberty	y		
·	(Contact Person)		_
			
	(Firm/Company)		
2607 Teton S	tone Run		
	(Address)		_
Orlando, FL 3	32828		
	(City/State and Zip Code)		_
For further	information concerning this	natter, please call	1:
Eric Lambert	у	407 at (466-3269
(1	Name of Contact Person)		le & Daytime Telephone Number)
Enclosed pl	lease find a check made paya	ble to the Florida	Department of State for:
\$25 Filir	- · · · · · · · · · · · · · · · · · · ·		ng Fee & Certified Copy
<u>Mail</u>	ling Address:		Street Address:
Reg	istration Section		Registration Section
	ision of Corporations . Box 6327		Division of Corporations The Centre of Tallahassee
	ahassee, 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)

	•	s it appears on the records of th	ne Florida Department	
of State is:	se Journey, LLC		·	
2. The Florida doct	ument/registration number as	ssigned to this limited liability	company is:	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is:	
Sophia Lamberty		hereby withdraw/resign as a		
(Print N	ame of Person Resigning)	, hereby withdraw/resign		
Manager				
	(Print Title)			
of this limited lia resignation in wr		ne limited liability company ha	us been notified of my	
Signature of Di	ssociating Member or Resig	ning Manager	PHIZ: 06	
	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)		.,	