## 625000502345

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(Address)				
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(City/State/Zip/Phone #)				
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## **COVER LETTER**

Division of Corporations Sunshine State Civil Work, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Chun Li (Johnny) Peng (Contact Person) Sunshine State Civil Work, LLC (Firm/Company) 5222 Andrus Avenue, Suite A (Address) Orlando, FL 32810 (City/State and Zip Code) For further information concerning this matter, please call: Chun Li (Johnny) Peng 407 at (\_\_\_\_ (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **\$55** Filing Fee & Certified Copy □ \$25 Filing Fee 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

TO:

Registration Section



## 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 nine State Civil Work, LLC	appears on the records of the	Florida Departmen
2. The Florida doc £23000502345	ument/registration number assig	gned to this limited liability co	ompany is:
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is:	03/26/2024
Alberto Luma	ame of Person Resigning)		
Manager			
	(Print Title)		. •
of this limited lia resignation in wr	bility company and affirm the liting.	imited liability company has h	
Signature of D	ssociating Member or Resignin	ng Manager	200 56 110 56
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		