L23000527922

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone,#)
(Gity/State/Zip/Filone#)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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12/04/24--01002--028 **25.00

Dissociation

JAN 1 7 2026 D CUSHING

COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	SUNSHINE AERO SEATS LLC		
	(Name of L	imited Liability Con	npany)
The er	nclosed member, resignation or disse	ociation and fee(s	s) are submitted for filing.
Pleasc	e return all correspondence concernir	ng this matter to:	
Robert	o Chang		
	(Contact Person)		_
	(Firm/Company)		_
7901 4	TH ST N STE 300		
-	(Address)		_
ST Pet	esburg. FL 33702		
	(City/State and Zip Code)		_
For fu	orther information concerning this ma	atter, please call:	
Robert	o Chang	772 at (480-1567
	(Name of Contact Person)		& Daytime Telephone Number)
Enclo	sed please find a check made payable	e to the Florida [Department of State for:
= \$2.	5 Filing Fee	□ \$55 Filing	Fee & Certified Copy
	Mailing Address: Registration Section		Street Address: 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



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 Departmen
of State is: SUNS	SHINE AERO SEATS LLC
2. The Florida doc L23000527922	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: Nov. 22, 2024
4. I. Roberto Isaias C	hang Mera, hereby withdraw/resign as a
(Print A Member	ame of Person Resigning)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)