L24000204113

(Rec	questor's Name)	
(Add	lress)	
/		
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nai	me)
(Doc	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
	Office Use Or	



500439544245

11/21/24--01003--022 **25.00



COVER LETTER

TO: Registration Section					
Division of Corpora	tions				
Thousand Sun N					
	(Name of Lin	nited Liability Con	npany)		
The enclosed member, resi	gnation or dissoc	ciation and fee(s) are submitted	for filing.	
Please return all correspond	lence concerning	g this matter to:			
Enrique D Pena					
(Conta	act Person)		_		
(Fi	(_		
(Firm	Company)			S	
16951 Pavilion Way				SECRETARY SECRETARY	
(Ac	dress)		_	THE N	
Delray Beach FL 33446			_	HASS	
(City/Stat	e and Zip Code)			May -	
For further information con	ncerning this mat	tter, please call:		質量の	
Kelly A. Pena		305 at (753-7233		
(Name of Contact	Person)	(Area Code	& Daytime Tele	phone Number)	
Enclosed please find a ched ■ \$25 Filing Fee	ck made payable		Department of S g Fee & Certifie		
Mailing Address:			Street Address:	action	
Registration Section Division of Corpor			Registration S Division of Co		
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)

1. The name of the	limited liability company	as it appears on the r	records of the Flor	ida Depa	artment
of State is:	and Sun Media LLC				·
2. The Florida docu L24000204113	ment/registration number	assigned to this limi	ted liability comp	any is: 2024 NOW	eoder
	mber/manager withdrew/re		draw/resign is:	<u> </u>	
AMBR	ume of Person Resigning)		20 j	PH 1:35	in the same
	Print Title) pility company and affirm iting.	the limited liability	company has beer	ı notified	l of my
Signature of Di	ssociating Member or Res	igning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				