

M 09 000003094

(Requestor's Name)

(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:

Office Use Only



200252110772

09/30/13--01027--009 **25.00

FILED
13 SEP 30 AM 11:29
RECEIVED
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SUNSHINE TRAVEL AMERICA, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M09000003094

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Florence Spelzhausen

Name of Person

National Corporate Research, Ltd.

Name of Firm/Company

615 S Dupont Hwy

Address

Dover, DE 19901

City/State and Zip Code

statrep@nationalcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Florence Spelzhausen

Name of Person

at (866)

621-3524

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
13 SEP 30 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

National Corporate Research, Ltd., hereby resigns as
Name of Registered Agent

Registered Agent for SUNSHINE TRAVEL AMERICA, LLC
Name of Limited Liability Company

M09000003094
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Andrew Lundgren
Typed or Printed Name
V.P., National Corporate Research, Ltd.
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
13 SEP 30 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA