

M16000007534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 DEC 22 AM 7:15
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

3/8/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunahama LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Freymiller

(Name of Person)

Sunahama LLC

(Firm/Company)

38 South Blue Angel Parkway #176

(Address)

Pensacola, FL 32506

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Freymiller at (541) 2929891

(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

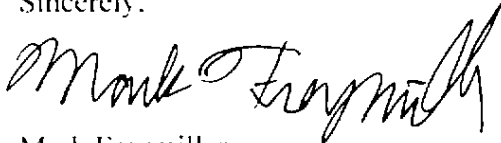
Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

Florida Department of State
December 19, 2022

Effective immediately, the Sunahama LLC will no longer conduct business within the state of Florida. Please see the enclosed notice of withdrawal for the LLC and please contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Freymiller", written in a cursive style.

Mark Freymiller

FILED

2022 DEC 22 AM 7:15

STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Sunahama LLC

(Name of limited liability company)

Cheyenne, Wyoming

(Jurisdiction of its organization)

~~September 22, 2016~~

09/19/2016

(Date registered with Florida Department of State)

M16000007534

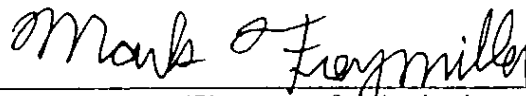
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Mark Freymiller

(Typed or printed name of signee)

Filing Fee: \$25.00