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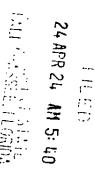
| (Req | uestor's Name) | | | | |
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| bbA) | ress) | <u></u> | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| | | _ _ | | | |
| (Bus | iness Entity Nar | ne) | | | |
| | | | | | |
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| Certified Copies | ertified Copies Certificates of Status | | | | |
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| Special Instructions to Fi | iling Officer: | | | | |
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Office Use Only



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COVER LETTER

| _ | stration Section sion of Corporations | | | | |
|----------------------|---------------------------------------|---|--|--|--|
| SUBJECT: | Sunshine Air Conditioning, LLC | | | | |
| | (Name of Limited Liability Company) | | | | |
| The enclosed | d member, resignation or diss | ociation and fee(s) are submitted for filing. | | | |
| Please return | all correspondence concerni | ng this matter to: | | | |
| Daniel Crotta | | | | | |
| - | (Contact Person) | | | | |
| Legacy Service | es Partners | | | | |
| | (Firm/Company) | | | | |
| 2701 N. Rocky | Point Dr. STE 655 | | | | |
| | (Address) | | | | |
| Tampa, FL 336 | 507 | | | | |
| | (City/State and Zip Code) | | | | |
| For further in | nformation concerning this m | atter, please call: | | | |
| Daniel Crotta | | 772 341-5363 | | | |
| (N | ame of Contact Person) | (Area Code & Daytime Telephone Number) | | | |
| Enclosed ple | ase find a check made payab | le to the Florida Department of State for: | | | |
| ≡ \$25 Filing | g Fee | ☐ \$55 Filing Fee & Certified Copy | | | |
| | ng Address: | Street Address: | | | |
| _ | stration Section | Registration Section Division of Corporations | | | |
| | ion of Corporations Box 6327 | The Centre of Tallahassee | | | |
| | hassee, FL 32314 | 2415 N. Monroe Street, Suite | | | |

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)

| Sune | limited liability company as | s it appears on the records of the | Florida | Depai | rtment |
|--|--|-------------------------------------|----------|-------------------|------------|
| 2. The Florida doc M2400003307 | ument/registration number a | ssigned to this limited liability c | ompany | is: | |
| 3. The date this me | mber/manager withdrew/res | signed or will withdraw/resign is | 4/4/202· | 4 | <u>.</u> |
| 4. 1, James M Masters (Print Name of Person Resigning) Manager | | , hereby withdraw/resign a | s a | | |
| | iting. | ne limited liability company has | been not | ified (| of my |
| Signature of D | ssociating Member or Resig | ning Manager | <u>:</u> | 241 | |
| | \$25.00 (Required) \$30.00 (Optional) | | を対象の石の窓 | 24 APR 24 AM 5: 4 | E C |