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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Sunrise Foods, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: P03000034592 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Robert L. Harding |
| (Name of Person) |
| Railey & Harding, P.A. |
| (Name of Firm/Company) |
| 20 North Eola Drive |
| (Address) |
| Orlando, FL 32801 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Robert L. Harding at (407) 648-9119 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 6 | 07.0502(2), 617.0502(2), 607.1509, or 617 | .1509, |
|---|--|---------------------------------------|
| Florida Statutes, the undersigned,Ro | bert L. Harding (Name of Registered Agent) | |
| hereby resigns as Registered Agent for | Sunrise Foods, Inc. (Name of Corporation) | |
| P03000034592 | | |
| (Document Number, if known) | _ | |
| A copy of this resignation was mailed to | o the above listed corporation at its last kno | own address. |
| The agency is terminated and the office this statement is filed | discontinued on the 31st day after the date | on which |
| (Si | gnature of Resigning Agent) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| If signing on behalf of an entity: | | FIL WW25 I WESSEE |
| Robert L. Harding | ı | F STA |
| (| Typed or Printed Name) |) 142 Alls |
| Registered Agent | | |
| | (Capacity) | |

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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