# Po60000 50\$ 17

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL MAIL	
(Business Entity Name)			
	and bloom bank		
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer.		
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5/16/24

#### **COVER LETTER**

Division of Corporations	
SUBJECT: (Number of Composition)	
(Name of Corporati	on)
DOCUMENT NUMBER: P06000050817	
The enclosed Resignation of Registered Agent for a Corpora	ation and fee are submitted for filing
Please return all correspondence concerning this matter to the	ne following:
Cassie L. Gisclair	
(Name of Person)	•
Nelson Mullins Riley & Scarborough	
(Name of Firm/Company)	•
100 North Tampa Street, Suite 2460	
(Address)	-
Tampa, FL 33602	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Cassie L. Gisclair 813	951-2577
(Name of Person) (Area Code	2 & 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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of secti	ons 607.0503(2), 617.0502(2), 607.1509, or 6	17.1509,
Florida Statutes, the undersigned,	Cassie L. Gisclair	
,	(Name of Registered Agent)	
hereby resigns as Registered Agen	t for Sunshine Builders Supply, Inc.	
,	(Name of Corporation)	
(Document Number, if known)		
A copy of this resignation was mai	led to the above listed corporation at its last k	nown address.
The agency is terminated and the other this statement is filed.	office discontinued on the 31st day after the da	te on which
(	(Signature of Resigning Agent)	_
If signing on behalf of an entity:		
Cassie L. Gisclair		
	(Typed or Printed Name)	जिल्ले ज
		PM IZ: 30 OF STATE SEE, FL
-	(Capacity)	: 30 AIE

### 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\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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