## P0900017877

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		<u>.</u>

Office Use Only



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

2009 AUG 10 PK 1: 4

R.A. Resign.

TB

AUG 1 2 2009

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: SUN LIGHT INVEST INC (Name of Corporation)
DOCUMENT NUMBER: P090000 17877
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:
ESTHER HANNA (Name of Person)
(Name of Person)
SUNLIGHT INVEST INC. (Name of Firm/Company)
3926 194th LN (Address)
(Address)
GOLDGN BEACH, FL 33160 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
ESTHER HANNA at (305) 331-4213 (Name of Person) (Area Code & Daytime Telephone Number)
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

300 ~//
All Charles
RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION
Sec. Sec. 145
RESIGNATION OF REGISTERED AGENT FOR A CORPORATION  Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, 51LVANO GABBAI (Name of Registered Agent)
hereby resigns as Registered Agent for SUNLIGHT INVEST INC, (Name of Corporation)
P09000017877
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation 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:
is signing on behalf of an entity.
JILVANO GABBAI
(Typed or Printed Name)
PREISTERED 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