

PO9000089820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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600258978636

*Resignation  
to officer*

04/21/14--01046--011 \*\*35.00

FILED  
28 APR 21 PM 3:28  
TALLAHASSEE, FLORIDA

*DR  
4/28/14*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUNSHINE ELEVATOR SERVICE  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000089820

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wilfredo MEDINA  
(Name of Person)

SUNSHINE ELEVATOR SERVICE  
(Name of Firm/Company)

3631 SW 176th AVE  
(Address)

MIAMI, FL 33175  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wilfredo Medina at ( 786 ) 468-5841  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED

2014 APR 21 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Wilfredo Medina, hereby resign as President  
(Title)

of SUNSHINE ELEVATOR Service Co.  
(Name of Corporation)

PO9000089820, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Wilfredo Medina  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314