## P136660 18986

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bus	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





300302702403

08/18/17--01022--010 \*\*87.50

S TALLENT AUG 2 4 2017

R/W-Resign



## COVER LETTER

TO: Amendment Section **Division of Corporations** 

SUBJECT: SUNSHINE MARKETING AND MANAGEMENT CORP

(Name of Corporation)

DOCUMENT NUMBER: P13000018980

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:

GUSTAVO A PINES, ESQ

(Name of Person)

GUSTAVO A PINES, ESQ

(Name of Firm/Company)

3301 PONCE DE LEON BLVD

(Address)

CORAL GABLES, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

**GUSTAVO A PINES** 

at (305) 446-7493 (Area Code & Daytime Telephone Number)

(Name of Person)

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of section	ons 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned.	GUSTAVO PINES
	(Name of Registered Agent)
hereby resigns as Registered Agen	SUNSHINE MARKETING AND MANAGEMENT CORP
The state of the s	(Name of Corporation)
P13000018980	
(Document Number, if known)	<del></del>
A copy of this resignation was mai	led to the above listed corporation at its last known address.
The agency is terminated and the of this statement is filed.	ffice discontinued on the 31st day after the date on which
-	
-	(Signature of Resigning Agent)
If signing on behalf of an entity:	AUG 18 AM
	(Typed or Printed Name)
	(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\$35.00 - Administratively dissolved/voluntarily dissolved/withdrawn corporation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