

P98000094775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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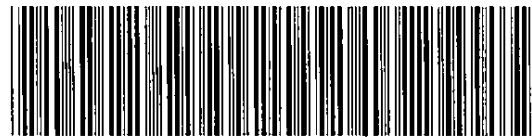
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUN WEST ACQUISITION CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000094775

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:

**Kim Stanfield**

(Name of Person)

**The Hogan Law Firm**

(Name of Firm/Company)

**20 So. Broad Street**

(Address)

**Brooksville FL 34601**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Kim Stanfield**

(Name of Person)

at ( **352** ) **799-8423**

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

SECTION OF CORPORATIONS  
DIVISION OF CORPORATIONS  
2017 JUL -7 PM 4:38

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

RECEIVED  
DIVISION OF CORPORATIONS  
JUL 17 2017 4:38 PM

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, The Hogan Law Firm, LLC

(Name of Registered Agent)

hereby resigns as Registered Agent for SUN WEST ACQUISITION CORPORATION

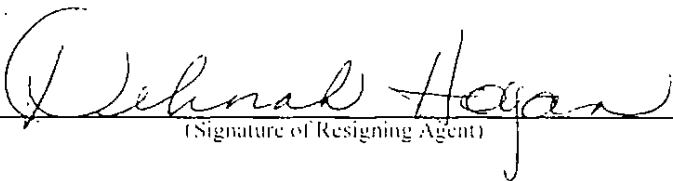
(Name of Corporation)

P98000094775

(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:

Deborah Hogan

(Typed or Printed Name)

Manager

(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