P 9.9.000081655

(R	equestor's Name)	
(A	ddress)	
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	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	· ·
	ocument Number)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
FALLAHASSEE, FLORIB

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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: St. Pete Sunshine Capital, Inc.		
	(Name of Corporation)		
DOC	DOCUMENT NUMBER: P99000081655		
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
Paul	D. Beitlich		
	(Name of Person)		
	(Name of Firm/Company)		
1740) Little Point Road		
	(Address)		
Sara	esota, FL 34231		
	(City/State and Zip Code)		
For fu	rther information concerning this matter, please call:		
Paul	D. Beitlich at (941) 366-5707 (Name of Person) (Area Code & Daytime Telephone Number)		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosor \$35	sed is a check made payable to the Florida Department of State for \$87.50 for an active corporation .00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.		
Amen Divisi P.O. E	Ig Address: Idment Section On of Corporations Ox 6327 Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Tallahassee, FL 32399		

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1509, or 617.	.1509,
Florida Statutes, the undersigned, Pa	ul D. Beitlich	
	(Name of Registered Agent)	
hereby resigns as Registered Agent for	St. Pete Sunshine Capital, Inc.	•
	(Name of Corporation)	
P99000081655		
(Document Number, if known)	_	
A copy of this resignation was mailed to	the above listed corporation at its last kno	wn address.
The agency is terminated and the office this statement is filed.	discontinued on the 31st day after the date	on which
	1134	
(Sig	mature of Resigning Agent)	
If signing on behalf of an entity:		05 HAR
	Typed or Printed Name)	28 AM 8: ASSEE, FLOI
	(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withdrawn corporation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