L14000025362

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. L. 14

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: COMMUNITY S.O.S. LLC	ited Linkility Commons)
The enclosed member, resignation or dissociation	ited Liability Company) ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
GISSELL WILLIAMS	
(Contact Person)	
COMMUNITY S.O.S. LLC	
(Firm/Company)	
406 ROCK SPRINGS CIRCLE	
(Address)	
GROVELAND, FLORIDA 34736	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
GISSELL WILLIAMS	914 382-8497
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



SECRETARY OF STATE DIVISION OF CORPORATIONS

14 NOV 25 PM 2: 13

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department MMUNITY S.O.S. LLC
2. The Florida doc L1400002536	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
CICCELLW	
MGR Manag	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)