(Requestor's Name)	
(Address)	300337
(Address)	300337
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	11/25/19~-010
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	JECT: SJS STRATEGIC INVESTI	<u> </u>	
	(Name of Lir	mited Liability Cor	npany)
The e	nclosed member, resignation or dissoc	riation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Shav	wn Speed		
	(Contact Person)		-
SJS	Strategic Investments LLC		
	(Firm/Company)		_
2803	3 Gulf to Bay Blvd #448		
	(Address)		
Clea	rwater, FL 33759		
	(City/State and Zip Code)		_
For fi	urther information concerning this mat	ter, please call:	
Shav	wn Speed	727 at (410-5244
	(Name of Contact Person)		& Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Department of State for: 3 Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations		Division of Corporations P.O. Box 6327
	on Building Executive Center Circle		Tallahassee, Florida 32314
	hassee, Florida 32301		i ananassee, monua 32314

CR2E079 (2/14)



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
2. The Florida doc L1700024032	_	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:
4. I,	ed	, hereby withdraw/resign as a
Manager	dame of t erson resigning	
	(Print Title)	
of this limited lia resignation in wr	- · · · · · · · · · · · · · · · · · · ·	e limited liability company has been notified of my
	my Speed	
Signature of D	issociating Member or Resign	ning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	