L21000178938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only

300427619473

Resignation or dissociation of Member/manager

RECEIVED
2024 MAY 17 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2024 MAY 17 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
MAY 20 2024

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: $_25.00_____
AUTHORIZATION SIGNATURE: _____
SANIBEL SERVICE SOLUTIONS, LLC. L21000178938
BUSINESS (Name) Document #

___ Walk in

___ Mail out

___ Photocopy

____**Certified Copy**

___ **Certificate of Status**

___ Pick up time____

____ Will wait

NEW FILINGS

____Profit
____Not for Profit
____Limited Liability
____Domestication
____CORP
____ LLLP

AMMENDMENTS

__Amendment
__Resignation of [redacted]. Officer/Director
__ Change of Registered Agent
__ ___Dissolution/Withdrawal
____Merger
____Conversion

OTHER FILINGS

____Annual Report

____Fictitious Name Cancel

_____ APOSTIL ( ) _____
Country

REGISTERATION/QUALIFICATIONS

___ Foreign Filing
____Limited Partnership
___Dissolution/_Reinstatement
____Trademark
____Other

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANIBEL SERVICE SOLUTIONS, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Patricia Accra
(Contact Person)

Sanibel Service Solutions, LLC
(Firm/Company)

956 Dixie Beach Blvd.
(Address)

Sanibel, FL 33957
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Accra at (248) 514-4448
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:
■ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)

FILED
2024 MAY 17 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SANIBEL SERVICE SOLUTIONS, LLC.

2. The Florida document/registration number assigned to this limited liability company is: L21000178938.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Roger Gold

4. I, Roger Gold, hereby withdraw/resign as a
(Print Name of Person Resigning)
Authorized Member.
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Roger Gold
Signature of Dissociating Member or Resigning Manager

Filing Fee:	$25.00 (Required)
Certified Copy:	$30.00 (Optional)