

L21000178938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

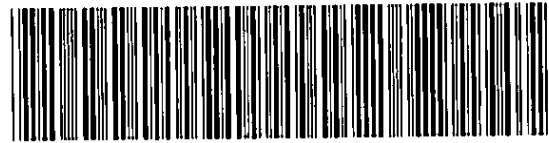
(Business Entity Name)

(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: 120210000160: \$ 25.00

AUTHORIZATION SIGNATURE: J. Webb

SANIBEL SERVICE SOLUTIONS, LLC. L21000178938

BUSINESS (Name) Document #

___ Walk in ___ Pick up time ___

___ Mail out ___ Will wait

___ Photocopy

___ Certified Copy

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ CORP
___ LLLP

OTHER FILINGS

___ Annual Report
___ Fictitious Name Cancel
___ APOSTIL () _____
Country

AMMENDMENTS

___ Amendment
___ ☒ Resignation of ~~Officer~~ Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Conversion

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Limited Partnership
___ Dissolution/ Reinstatement
___ Trademark
___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANIBEL SERVICE SOLUTIONS, L.L.C
(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, L.L.C
(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



FILED
2024 MAY 17 AM 11:54
SECRETARY OF STATE
111 MADISON BLVD.
TALLAHASSEE, FLORIDA 32304

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)