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COVER LETTER

| (Name of Limited Liability Company) Dear Sir or Madam: The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANGIE GOMES (Name of Person) SSA PROPERTIES LLC (Firm/Company) 14811 LAKE MAGDALENE CIRCLE (Address) TAMPA, FL 33617 (City/State and Zip Code) For further information concerning this matter, please call: ANGIE GOMES (Name of Person) at (813) 787-8924 (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: Registration Section Division of Corporations Citifon Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee | TO: Registration Section Division of Corporations | |
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| SSA PROPERTIES LLC (Firm/Company) 14811 LAKE MAGDALENE CIRCLE (Address) TAMPA, FL 33617 (City/State and Zip Code) For further information concerning this matter, please call: ANGIE GOMES (Name of Person) at (813) 787-8924 (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 Enclosed is a check for the following amount: \$55 Filing Fee | ANGIE GOMES | |
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| \$25 Filing Fee \$\times \text{Certified Copy}\$ | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Registration Section Division of Corporations P.O. Box 6327 |
| Certified Copy | Enclosed is a check for the following amount: | |
| | \$25 Filing Fee | |



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

| I, WENDY CORLETT , hereby resign as | MEMBER | |
|--|--|--|
| | (Title) | |
| of SSA PROPERTIES LLC | | |
| (Limited Liability Company) | | |
| a limited liability company organized under the laws of the State of Fl | _ORIDA | |
| and affirm that the limited liability company has been notified in writing of the resignation. | | |
| Manistraush | <u>. </u> | |
| (Signature of resigning manager, managing member o | r member) | |
| | | |

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314