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(Requestor's Name)		
(Ad	dress)	<u> </u>
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(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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COVER LETTER

Division of Corporations	; ; ;
SUBJECT: S+S Investment (Name of Limited)	ent Enterprises LLC Liability Company)
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning this	s matter to:
Stuart Maslanik	
(Contact Person)	·
	<u>:</u>
(Firm/Company)	
PO BOX 2062	:
(Address)	
PO BOX 2062 (Address) Lakeland, FL 33806 (City/State and Zip Code)	
(City/State and Zip Code)	:
For further information concerning this matter,	please call:
Stuat Maslan.!k at (Name of Contact Person)	(863) 430-2739
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	he 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 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	e limited liability company as S + S Inves	s it appears on the records of the Florida Department invent Enterprises LLC
2. This limited lial	bility company was organize	d under the laws of:
	cument/registration number o りなめなら75万&	of this limited liability company is:
4. I, <u>Sty</u> (Print.	at Maslan!k Name of Person Resigning)	, hereby resign as a Managhy Manager (Print Title)
of this limited lia resignation in w		he limited liability company has been notified of my
Signature of Res	signing Member, Managing N	Member or Manager
Filing Fee:	\$25.00 (Required)	: : ,
~	\$30.00 (Ontional)	