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(Re	questor's Name)		
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PICK-UP		MAIL	
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Certified Copies	Certificates	of Status	
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Special Instructions to	Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations

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SUPERIOR FOUNDATION 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:

JUAN QUINONES

(Contact Person)

SUPERIOR FOUNDATION SOLUTIONS LLC

(Firm/Company)

7121 N. HABANA AVE.

(Address)

TAMPA, FL 33614

(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN QUINONES	813	443-5747
	at ()
(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 & Certified Copy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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)

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ______
- 2. The Florida document/registration number assigned to this limited liability company is: L07000048162

			1610	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:			DEC	1
JOHN LANG	, hereby withdraw/resign as a		6-	
(Print Name of Person Resigning)			ΛH	۱
MMGR		~	10: Ļ	•
(Print Title)			â	

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

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy:

\$25.00 (Required) \$30.00 (Optional)