L 0 8 00000 5197

(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Nar	me)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



600311700086

04/13/18--01020--002 **110.00

SEGRETARY OF STATE

FILED

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Slusser Services, LLC	
(Name of I	Limited Liability Company)
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to:
(Contact Person)	
Slusser Services, LLC	
(Firm/Company)	
3627 Progress Ave	
(Address)	
Naples, FL 34104	
(City/State and Zip Code)	
For further information concerning this m	natter, please call:
Kenneth Slusser	239 263 0720
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee	le to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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 a	ppears on the records of the Flori	da Department
of State is:	sser Services, LLC		·
2. The Florida doc L0800000819		ned to this limited liability compa	ny is:
3. The date this me	ember/manager withdrew/resigne	ed or will withdraw/resign is:	04/2018
4. I, Red Earth Group, Inc		_, hereby withdraw/resign as a	
Manager	rame of Person Resigning)		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the liriting.	nited liability company has been i	Total APR I
Signature of D	issociating Member or Resigning	g Manager	FILED PR 13 AHIT: 4.7 ASSEE FLOGIE.
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	, , , , , , , , , , , , , , , , , , ,	