10000034199

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e#)
PICK-UP	TIAW T	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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10/05/10--01001--002 **7.50

08/12/10--01007--027 **52.50

FILED

10 OCT -1 PH 3: 27

ECRETARY OF STATE

D. BRUCE

OCT 4 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2010

ROBERT B. ATACK 5364 EHRLICH ROAD, SUITE 293 TAMPA, FL 33624

SUBJECT: SSA MANAGEMENT, LLC

Ref. Number: L08000034199

We have received your document for SSA MANAGEMENT, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 310A00019536

FILED

10 OCT -1 PM 3: 27

DEGINETARY OF SIMIE

COVER LETTER

Division	on of Corporations		
SUBJECT:	SSA MANAGEMENT, LLC		
	(Name of Limited Liability Company)		
The enclosed Ar	rticles of Dissolution and fee(s) are submitted for filing.		
Please return all	correspondence concerning this matter to the following:		
	•		
	MICHAEL F. SMIRCH (Name of Person)		
	(Name of Person)		
	(Firm/Company)		
	, , , , , , , , , , , , , , , , , , ,	ALL ALL	5
	16710 AMBERHILL LANE	AE '	<u> </u>
	(Address)	AS:	Transport
•	16710 AMBERIFICE LAWE (Address) LUTZ, FL 33558 (City/State and Zin Code)	RY OF STATE SEE, FLORID	_ i⊓
	(City/State and Zip Code)	E.S.	
	\$ 35 V		 N
For further infor	mation concerning this matter, please call:	A	
Rol	BERT B. ATACK at (352) 256-426 (Name of Person) (Area Code & Daytime Telephone Numb	フ	
	(Name of Person) (Area Code & Daytime Telephone Numb	er)	
	ck for the following amount: PREVIOUSLY PAID F	52	.50
\$25.00 Filing Fe	ee 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status	ng ree,	47.50
	(additional copy is enclosed) Certified Copy	у	osed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

TO:

Registration Section

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2. The Articles of Organization were filed on	7, LVC 4/3/2008 and assigned document number
L08000034199	
3. The date the dissolution was approved:	1/9/2010
608.441, Florida Statutes, (copy 608.441 on bac	EL RELIED ON REPRESENTATIONS
MADE BY THE VENDING	MACHINE MANUFACTURER. THE REDUCE THE CONSEQUENTIAL REDUCED NVALIDATED THE BUSINESS MODEL.
INCOME GENERATED BY T	THE CONSEQUENTIAL REDUCED
DEPLOYMENT OF MACHINES 1	NVALIDATED THE BUSINESS MODEL.
5. CHECK ONE:	
Adequate provision has been made for to. 6. All remaining property and assets have been dis	the limited liability company have been paid or discharged. the debts, obligations and liabilities pursuant to s. 608.4421. tributed among its members in accordance with their respective
rights and interests.	SALE O
7. CHECK ONE:	e e e e e e e e e e e e e e e e e e e
There are no suits pending against the c	
entered against it in any pending suit.	the satisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentag	e of membership interests necessary to approve the dissolution:
Signature	Printed Name
MICH	MICHAEL F. SMIRCH
	Robert B. Atack
7ALK	10001
7ALK	
7ALK	