

LO8000055910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000294896220

02/02/17--01015--014 \*\*25.00

FILED

17 FEB -2 AM 10:35

RECEIVED BY MAIL

O SIMMONS

FEB 06 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SSMC XPRESS INT'L, 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:

Ronald Vanhorn  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

8023 SW 21<sup>st</sup>  
(Address)

MIRAMAR FL 33025  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald Vanhorn at (786) 709-3245  
(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

☐ \$55 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



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: SSMC XPRESS INT'L, LLC

2. The Florida document/registration number assigned to this limited liability company is:

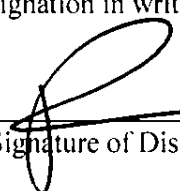
L08000055910

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06-12-16

4. I, Ronald Vanhorn, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
17 FEB - 2 AM 10:35  
STATE OF FLORIDA