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COVER LETTER

TO:		stration Section		
	Divis	ion of Corporations		
SUBJE	ECT:	SOUL SOLUTIONS LLC		
		(Name of	Limited Liability Co	ompany)
The en	closec	l member, resignation or dis	sociation and fee	(s) are submitted for filing.
Please	return	all correspondence concern	ing this matter to);
MARGI	IE NAV	V ARRO		
		(Contact Person)		
		(Firm/Company)		<u> </u>
9924 N	W 41S1	r street		
		(Address)		_
DORAI	. FL 33	178		
		(City/State and Zip Code)		
For fur	ther in	nformation concerning this n	natter, please call	l:
MARGI	E NAV	/ARRO	786 at (4316572
	(N	ame of Contact Person)		le & Daytime Telephone Number)
Enclose	ed plea	ase find a check made payab	le to the Florida	Department of State for:
■ \$25				ng Fee & Certified Copy
	Mailin	g Address:		Comment Addition
		tration Section		Street Address: Registration Section
		ion of Corporations		Division of Corporations
		3ox 6327		The Centre of Tallahassee
	Tallal	nassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallabassee, FL 32303



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 Flo	rida Department	
of State is: SOU	L SOLUTIONS LLC			
2. The Florida doc £10000106430	ument/registration number as	ssigned to this limited liability comp	oany is:	
3. The date this me	cmber/manager withdrew/resi	igned or will withdraw/resign is:	701/2021	
4. I, MARGIE NAV.	ARRO	, hereby withdraw/resign as a		
(Print N	lame of Person Resigning)	_		
VP				
	(Print Title)			
	000	e limited liability company has beer	Y21	
Signature of D	ssociating Member or Resign	ning Manager	PM 4: 1	
Filing Fee:	\$25.00 (Required)		D -	
Certified Copy:	\$30.00 (Optional)			