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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORP USA

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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(n)

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SS FACTORY 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:

VALERIA KASSANDRAS
(Contret Person)

LAW OFFICES OF MONEOUS SWALKEL PA

3301 PONCE DE CEON BLVD 3 FC

CORAL GABLES FC 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

22 \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

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: 515 FACTORY LLC | |
| 2. The Florida document/registration number assigned to this limited liability company is: | |
| L11 0000 26597. | |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: OZOI 201 | 6 |
| 4. I, MANUEL S SILA HAN hereby withdraw/resign as a (Print Name of Person Resigning) | |
| MANAGING HISHBER (Print Title) | |
| of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. | |
| Deer | |
| Signature of Dissociating Member or Resigning Manager | |
| Filing Fee: \$25.00 (Required) Certifled Copy: \$30.00 (Optional) | |
| | |
| | |

CR2E079 (2/14)