

L13000068265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

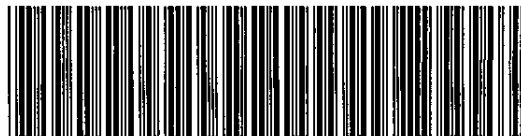
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 FEB -4 PM 2:28
CLERK OF COURT
MILWAUKEE, WIS.

Ra Resignation

FEB 08 2016

D. CLISHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SSFCB Enterprises, 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:

Aisha McKnight
(Contact Person)

Aspire Health LLC
(Firm/Company)

1485 Livingston Lane
(Address)

Jackson, MS 39213
(City/State and Zip Code)

For further information concerning this matter, please call:

John Rocray at (601) 407-7981
(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

December 28, 2015

AISHA MCKNIGHT
ASPIRE HEALTH, LLC
1485 LIVINGSTON LANE
JACKSON, MS 39213

SUBJECT: SS&CB ENTERPRISES, LLC
Ref. Number: L13000068265

We have received your document for SS&CB ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. Please complete the attached form.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 515A00026954

RECEIVED
16 FEB -4 PM 2:35

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Robert A. Durham

Name of Registered Agent

, hereby resigns as

Registered Agent for

SS & CB Enterprises, LLC

Name of Limited Liability Company

L13000068265

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
FEB 14 2014
TALLAHASSEE, FL
CLERK OF THE COURT
CORPORATIONS DIVISION