113000139495

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



200338631172

01/09/20--01011--006 **25.80

2020 JAN -8 PM 4: 29
SECRELARY OF STATE
TALL ASSESSES FL

O SIMMONS FEB 0 3 2020

COVER LETTER

_	ion of Corporations		
SUBJECT:	Survivor Services LLC		
	(Name of Lit	nited Liability Co	mpany)
The enclosed	I member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Andy Drew			
	(Contact Person)		_
Survivor Servi	ces LLC		
	(Firm/Сотралу)		
PO Box 272			
· · ·	(Address)		_
LaBelle, FL 33	935		
	(City/State and Zip Code)		_
For further in	nformation concerning this mat	ter, please call:	
Andy Drew		239 at (227-7319
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple	ase find a check made payable	to the Florida I	Department of State for:
■ \$25 Filing	g Fee	□ \$55 Filin	g Fee & Certified Copy
	og Address:		Street Address:
	stration Section ion of Corporations		Registration Section Division of Corporations
	Box 6327		The Centre of Tallahassee
	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



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 th	e limited liability company as it appears on the records of the Florida Departmen
of State is: Sur	vivor Services LLC
2. The Florida do	cument/registration number assigned to this limited liability company is:
L13000139485	·
3. The date this n	nember/manager withdrew/resigned or will withdraw/resign is:
Tracy Drew	, hereby withdraw/resign as a
(Print	Name of Person Resigning), hereby withdraw/resign as a
Manager	
	(Print Title)
of this limited li resignation in v	ability company and affirm the limited liability company has been notified of my vriting.
1/40	is Orcio
Signature of I	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)