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COVER LETTER

TO:	-	stration Section sion of Corporations	,				
	Divis	ion of corporations					
SUBJE	ECT:	SUPREME DEBT SOLUTIONS LLC					
		(Name of L	imited Liability Co	mpany)			
The en	closec	l member, resignation or disso	ciation and fee(s) are submitted for filing.			
Please	return	all correspondence concernin	g this matter to:				
FRAN	CISC	O OCASIO					
		(Contact Person)		_			
		(Firm/Company)		_			
10880	PAP	ERBARK PL					
		(Address)					
BOYN	ITON	BEACH, FL 33437					
		(City/State and Zip Code)		_			
For fur	ther in	nformation concerning this ma	tter, please call:				
FRAN	CISC	O OCASIO	954	478-5531 _) c & Daytime Telephone Number)			
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
		ase find a check made payable Fee					
Registr Divisio Clifton 2661 E	ration on of C Build xecuti	OURIER ADDRESS: Section Corporations ling ive Center Circle Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

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)

	he limited liability company as		he Florida I	Depar	tment
2. The Florida do	ocument/registration number a	ssigned to this limited liability	/ company	is:	
3. The date this r	nember/manager withdrew/res	signed or will withdraw/resign	is:	2019	
	OO OCASIO Name of Person Resigning)	, hereby withdraw/resign	ı as a		
MGR	(Name of Person Resigning)				
· · · · · · · · · · · · · · · · · · ·	(Print Title)				
of this limited (jability company and affirm th	ne limited liability company ha	is been noti	ified c	of my
				الالـ 19	T =
Signature of I	Dessociating Member or Resig	ning Manager	达 信 扩展 (2) (3)	-1 #1	LED
	\$25.00 (Required)		.	<u></u>	
Certified Conv	\$30.00 (Optional)			_	