L14000051933

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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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TALL AND SECRE, FLORID.

FILED

C. LEWIS

APR 2 4 2014

EXAMINATER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SUCCESS SUPPORT (Name of Limited Liability			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to:		
DENISE ZIMBER_ (Contact Person)			
(Contact Person)			
(Firm/Company)	<u></u>		
, , , , , , , , , , , , , , , , , , ,			
4123 OPEN WAY			
(Address)			
0.000			
COOPER CITY, FL 33026 (City/State and Zip Code)			
(City/state and 25p Code)	•		
For further information concerning this matter, please call:			
DENISE ZIMBER at (95 (Name of Contact Person) (Area Co	4)815-5199		
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florid \$25 Filing Fee	la Department of State for: ling Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

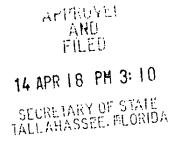
Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

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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	nt
of State is: SUCCESS SUPPORT SERVICES, LLC	.
2. The Florida document/registration number assigned to this limited liability company is:	
L14000051933	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{4/2}{201}$	4
4. I, YOLANDA MAIZTINEZ, hereby withdraw/resign as a (Print Name of Person Resigning)	
AUTHORIZED PERSON. (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of n resignation in writing.	ıy
Martines	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	