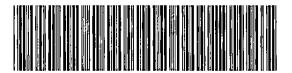
14000121645

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					
	Rusa	~ Distac			

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M. MILLIGAN OCT 12 2017

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COVER LETTER

то:	_	stration Section sion of Corporations				
SUBJ	ECT:	SS HOMEBUILDING, LLC				
0020		(Name of Limited Liability Company)				
The er	nclosed	d member, resignation or dissoc	ciation and fee(s	a) are submitted for filing.		
Please	ereturn	all correspondence concerning	g this matter to:			
KIMB	ERLY	STEPP				
		(Contact Person)		_		
SS H	OMEE	BUILDING, LLC				
	-	(Firm/Company)		_		
3401	DAWI	N COURT				
		(Address)		_		
LAKE	MAR	Y, FL 32746				
		(City/State and Zip Code)		-		
For fu	rther ir	nformation concerning this mat	ter, please call:			
кімв	ERLY	STEPP	407 at (718-4061		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed ple 5 Filing	ase find a check made payable g Fee		Pepartment of State for: Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section		Registration Section		
	on of C n Build	Corporations ling		Division of Corporations P.O. Box 6327		
		ive Center Circle		Tallahassee, Florida 32314		
		Florida 32301		ranandoce, rionad J2517		

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)

The name of the limited liability company as it appears on the records of the Florida Department of State is: SS HOMEBUILDING, LLC						
2. The Florida doc L1400012164		ssigned to this limited liability company is:				
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:				
4. 1, STEVEN STEPP (Print Name of Person Resigning)		, hereby withdraw/resign as a				
MANAGER						
	(Print Title)					
of this limited lia resignation in w	, , ,	ne limited liability company has been notified of my				
	8-60					
Signature of D	issocialing Member or Resig	ning Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	OLVISION OC				