## 1150000005545

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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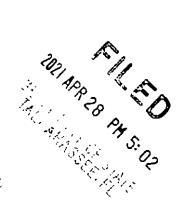
## **COVER LETTER**

Division of Corporations	
S&S GLOBAL SUPPLY, LLC SUBJECT:	
(Name of Limited Liability C	ompany)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
HUGO L. GARCIA. ESQ.	
(Contact Person)	_
FLORIDA GENERAL COUNSEL, P.A.	
(Firm/Company)	<del></del>
3401 NW 82 AVE. SUITE 360	
(Address)	_
DORAL, FL 33122	
(City/State and Zip Code)	_
For further information concerning this matter, please cal	1:
HUGO L. GARCIA, ESQ. 305	704-2500
	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  ■ \$25 Filing Fee  □ \$55 Fili	Department of State for: ng Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section





## 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
of State is: S&S	GLOBAL SUPPLY, LLC	·
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L15000005545		
3. The date this me	ember/manager withdrew/r	resigned or will withdraw/resign is: 04/12/2021
SAMI SALEM		, hereby withdraw/resign as a
(Print )	vame of Person Resigning)	<del></del>
MANAGER		
	(Print Title)	·
of this limited lia resignation in wi		the limited liability company has been notified of my
La	mi Lalem	
Signature of D	issociating Member or Res	signing Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	