

L15000148623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

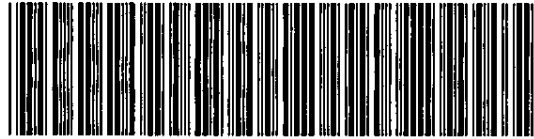
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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L15000148623

Office Use Only



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DEPT OF STATE
TALLAHASSEE, FLORIDA

FILED
16 JAN 25 PM 4:04

JAN 28 2016
Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Project Solution Services, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Francesoli Marrero
(Contact Person)

Project Solution Services
(Firm/Company)

5375 NW 159 ST, #5375
(Address)

Miami Lakes, FL 33014
(City/State and Zip Code)

For further information concerning this matter, please call:

Francesoli Marrero at (305) 335-1918
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVE
2016 JAN 25 PM 2:46

DEPT. OF STATE
TALLAHASSEE, FLORIDA

December 22, 2015

FRANCEJOLI MARRERO
5375 NW 159TH STREET SUITE 5375
MIAMI LAKES, FL 33014

SUBJECT: PROJECT SOLUTION SERVICES, LLC
Ref. Number: L15000148623

We have received your document for PROJECT SOLUTION SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 215A00026805



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: Project Solution Services, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L15000148623

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/1/15

4. I, Francis J. Marro, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
16 JAN 25 4:04
ALLAHSEE
FLORIDA