

L15 000203994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

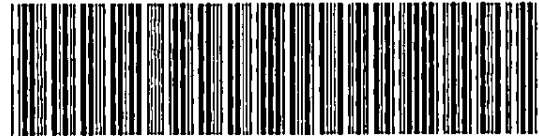
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2021 JUL 19 AM 9:41  
SEC. OF STATE  
TALLAHASSEE, FL

FIG - 3 2021

C. Kinsey

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S&S Nexus 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:

Whitney Simmons

\_\_\_\_\_  
(Contact Person)

S&S Nexus LLC

\_\_\_\_\_  
(Firm/Company)

9037 SE Hobe Ridge Ave

\_\_\_\_\_  
(Address)

Hobe Sound, FL 33455

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Whitney Simmons

561 283-9148  
at ( )

\_\_\_\_\_  
(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

**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



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)

FILED  
2021 JUL 19 PM 9:41  
TALLAHASSEE, FL

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: S&S Nexus LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000203994

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-14-2021

4. I, Thomas Simmons, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AMBR  
*(Print Title)*

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

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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