

L16000072171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

08/15/16--01038--024 **25.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

AUG 17 2016

Y SULKER

16 AUG 15 AM 11:52
CIRCUIT CLERK'S OFFICE
OF LAKELAND, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sliding Shelf Solutions 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:

Shirley J. Craig
(Contact Person)

Sliding Shelf Solutions LLC
(Firm/Company)

7596 Fieldstone Ranch Sq.
(Address)

Vero Beach, FL 32967
(City/State and Zip Code)

For further information concerning this matter, please call:

Shirley J. Craig at (678) 451-5636
(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

**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: Sliding Shelf Solutions LLC.

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

L16000072171

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/25/16

4. X Darin LaGesse, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMB R
(Print Title)

16
FILING
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
15 JULY 2016
AM 11:52

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

X D. LaGesse
Signature of Dissociating Member or Resigning Manager

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