

L16000 107133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

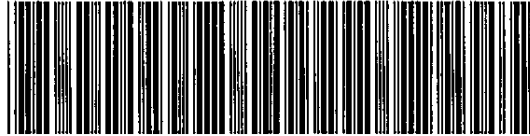
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300287349183

06/28/16--01025--009 \*\*55.00

FILED

2016 JUN 28 A 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2015  
BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Student Loan Support 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:

Gabriel Kuttin  
(Contact Person)

Student Loan Support Services LLC  
(Firm/Company)

4400 N. Federal Highway #35  
(Address)

Boca Raton, FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Kuttin at (561) 271-2187  
(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

SEAL OF THE  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2016 JUN 28 A 11:11

FILED



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: Student Loan Support Services LLC

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

L16000107133

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/15/2016

4. I, BRIAN A. HARRIS, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Partner  
(Print Title)

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

Brian A. Harris

Signature of Dissociating Member or Resigning Manager

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

FILED  
2016 JUN 28 A 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA