

L16000 107133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

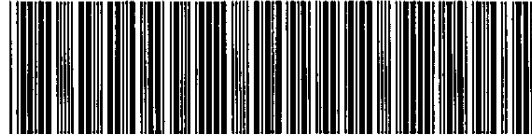
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300287349183

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

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

FILED

JUN 29 2016
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 Kutlin
(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 Kutlin 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

SECRETARY OF STATE
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.

[Signature]

Signature of Dissociating Member or Resigning Manager

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

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