# L17000 112659

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	

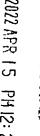
Office Use Only

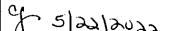


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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SSI, LLC.		
	Name of Limited Liability Con	mpany
The enclosed Statement of Revocation submitted for filing.	on of Dissolution for Florida Limi	ted Liability Company and fee(s) are
Please return all correspondence con	cerning this matter to:	
Geovana Alvarez		
Contact 1	Person	<del></del>
SSI, LLC.		
Firm/Cor	npany	_
7190 SW 87 Ave Suite 402		
Addi	ress	_
Mlami, Fl. 33173		
City, State ar	nd Zip Code	_
geo@eamgroup.co		
E-mail address: (to be used for f	uture annual report notification)	_
For further information concerning the	his matter, please call:	
Pedro Camejo	at ( <u>305</u>	351-4489
Name of Contact Person	Area Code	Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporation	ns	Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 81

Tallahassee, FL 32303

2022 APR 15 PH 12: 25

# STATEMENT OF REVOCATION OF DISSOLUTION FOR

FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708. Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

ι.	SSI, LLC The name of the company is:
2.	The document number of the company is
3.	The effective date the Dissolution was filed is
4.	The revocation of dissolution was authorized on
5.	A copy of the Articles of Dissolution is attached.  Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

#### FILED Mar 09, 2022 Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

SSI, LLC

The document number of the limited liability company: L17000112659

The file date of the articles of organization: May 22, 2017

A description of occurance that resulted in the limited liability company's dissolution:

DUE TO LOSS OF BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

MANUEL CAMEJO 5065 NW 74TH AVENUE DORAL, 33166

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MANUEL CAMEJO

Electronic Signature of authorized person