

C18000020529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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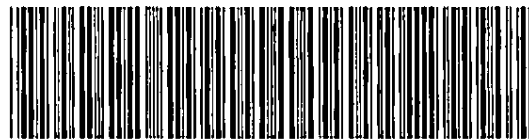
(Business Entity Name)

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STATE  
TALLAHASSEE, FLORIDA

J. LEGGETT  
FEB 07 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **GROUP SSS, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DERLINE PIERRE-LOUIS**

Name of Person

**ECONOMIC SOLUTION SERVICES INC**

Firm/Company

**322 NW 1ST AVE**

Address

**DELRAY BEACH, FL 33444**

City/State and Zip Code

**ESSERVICES1@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DERLINE PIERRE-LOUIS** at **561** **251-1265**

Name of Person

Area Code

Daytime Telephone Number

### 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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy