## LIF000 133287

(Re	questor's Name)			
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SECRETARY OF STATE
SECRETARY OF STATE
AND AN ASSEE, FLORIDA

SNOMMIS O 8108

## **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJ	JECT: SSB Enterprises LLC		
	(Name of Lin	nited Liability Co	mpany)
The e	nclosed member, resignation or dissoc	iation and fee(	s) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
Ange	elo Sochuk		
	(Contact Person)		<u> </u>
SSB	Enterprises LLC		
	(Firm/Company)		_
4820	SW 161 Lane		
	(Address)		<del></del>
Miran	mar, Florida 33027		
	(City/State and Zip Code)		_
For fu	orther information concerning this matt	ter, please call:	:
Ange	elo Sochuk	786 at (	468-9477
	(Name of Contact Person)	_ `	e & Daytime Telephone Number)
	sed please find a check made payable of Selling Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
	tration Section ion of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
26611	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



## 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 a	is it appears on the records of the Florida Department
of State is: SSB	Enterprises LLC	
2. The Florida doct L1800013328	-	assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is: June 6, 2018
Francisco Sa	inchez	hereby withdraw/region as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
Member		
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
11444 14	ssociating Member or Resi	oning Manager
Signature of Di	ssociating internocr of Resi	gning wanager
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	