# 1900014342

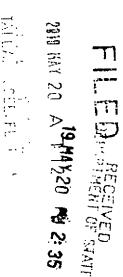
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)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



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D SCOTT MAY 20 2019

#### **COVER LETTER**

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TO: Registration Section Division of Corporations S and S Service Solutions, 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: Alvin Smith (Contact Person) S and S Service Solutions, LLC. (Firm/Company) 1108 Greentree Court. Apt. H (Address) Tallahassee, FL 32304 (City/State and Zip Code) For further information concerning this matter, please call: **Anthony Siders** 561 420-2984 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

□ \$25 Filing Fee

#### MAILING ADDRESS:

□ \$55 Filing Fee & Certified Copy

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



### 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)

| of State is: S and S Service Solutions, LLC.                       |                                     |
|--|-------------------------------------|
| of State is:   |                                     |
| . The Florida document/registration number assigned to this I      | - 3                                 |
| L19000014342   |                                     |
| 3. The date this member/manager withdrew/resigned or will w        | ithdraw/resign is: May 20; 2019     |
| Anthony Siders hereby w  | vithdraw/resign as a                |
| (Print Name of Person Resigning)                                   |                                     |
| Manager .  |                                     |
| (Print Title)  |                                     |
| of this limited liability company and affirm the limited liability | ity company has been notified of my |
| resignation in writing.  |                                     |
|  |                                     |
|  |                                     |
| Signature of Dissociating Member or Resigning Manager              |                                     |

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)