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(Requestor's Name) (Address)	
(Address) (City/State/Zip/Phone #)	600335941306 10/28/1901027004 **25.00
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## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:

#### SUPER SHINY 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:

#### LIZBETH GARCIA

(Contact Person)

SUPER SHINY SERVICES LLC

(Firm/Company)

9548 GROVELAND ST

(Address)

SEMINOLE, FL 33772

(City/State and Zip Code)

For further information concerning this matter, please call:

LIZBETH GARCIA	386	972-4246
(Name of Contact Person)	at ( (Area Code	_)& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 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

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 as it appears on the records of the Florida Department SUPER SHINY SERVICES LLC of State is:
- 2. The Florida document/registration number assigned to this limited liability company is:

L19000198232

- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_\_
- 4.1. \_\_\_\_\_\_. hereby withdraw/resign as a

(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

61 BCI 28 e-of Dissociating Member or Resigning Manager Ш Filing Fee: \$25.00 (Required) A  $\Box$ \$30.00 (Optional) Certified Copy: Ë