L19000213674

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

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COVER LETTER

TO: Registr	ration Section				
Divisio	on of Corporations				
SUBJECT: S	Plus 4 LLC				
	(Name of I	Limited Liability Co	ompany)		
The enclosed r	member, resignation or diss	ociation and fee	(s) are submitted for f	űling.	
Please return a	ill correspondence concerni	ng this matter to	:		
Patrick Steele					
	(Contact Person)		_		
S Plus 4 LLC					
	(Firm/Company)		_		
4457 Steed Terra	ce				
_	(Address)		_	2024)
Winter Park, FL	32792			SEP	***
	(City/State and Zip Code)	 	_	SV:	
For further info	ormation concerning this m	atter, please call	:	ZOZY SEP ZY AM II: 07	
Patrick Steele		407 at (832-9024	: 07	•
(Nan	ne of Contact Person)	(Area Cod	e & Daytime Telephon	e Number)	
-	se find a check made payabl		•		
\$25 Filing I	Rec	□ \$55 Filir	ng Fee & Certified Co	ру	
Registr	Address: ration Section on of Corporations		Street Address: Registration Section Division of Corpora		
P.O. Bo	ox 6327		The Centre of Talla	ahassee	
Lallaha	assee, FL 32314		2415 N. Monroe St	· · · · · · · · · · · · · · · · · · ·	

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 i	it appears on the records of t	he Florida Departi	nent
of State is: S Plu	s 4 LLC			
2. The Florida doc	ument/registration number ass	igned to this limited liability	y company is:	
84-4601985			202 T	
3. The date this me	ember/manager withdrew/resigname of Person Resigning) c Partner (Print Title)	med or will withdraw/resign	is: May 1, 202	
4. 1, (Print N	lame of Person Resigning)	, hereby withdraw/resign	a as a SSSS	177
Member/Domestic Partner				
 -	(Print Title)		07	
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company ha	as been notified of	my
Signature of Di	ssociating Member or Resigni	ing Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			