## 1190000 2446698

(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:		

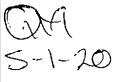
Office Use Only



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## **COVER LETTER**

SUBJECT: S & S projects LLC Name of Limit	ted Liability (	Company
DOCUMENT NUMBER: L19000246698	· <del></del>	
The enclosed Resignation of Registered Agent for filing.	or a Limited	Liability Company and fee are submitted
Please return all correspondence concerning this	matter to the	e following:
United States Corporation Agents, Inc.		
Name of Person		
Legalzoom.com, Inc.		
Name of Firm/Company	<del></del>	
101 North Brand Blvd. 11th Floor		
Address		
Glendale, CA 91203		
City/State and Zip Code		
raresignations@legalzoom.com		
E-mail address: (to be used for future annual report		
For further information concerning this matter, p		
Janna Pantoja at Name of Person	800	773-0888 x3950
Name of Person	Area Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida liability company or \$25.00 for an administrativ liability company.	i Departmen rely dissolve	t of State for \$85.00 for an active limited d. voluntarily dissolved or withdrawn limit
MAILING ADDRESS:		ET ADDRESS:
Registration Section	Registration Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

INHS17 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statutes, the unders	signed.
United States Corp	oration Agents, Inc.	hereby resigns as
	Name of Registered Agent	, 2
Registered Agent for <u>S</u>	& S projects LLC	
	Name of Limited Liability Company	·
L19000246698		
Document No	imber, it known	
	on was mailed to the above listed limited liability c	
The agency is terminate	ed and the office discontinued on the 31st day after	the date on which this statement is filed.
	Signature of Resigning Agent	
If signing on behalf of a	nn entity:	2020 APR 20
	Cheyenne Moseley	7R 277
	Typed or Printed Name	
	Asst. Secretary for United States Corporation Age	ents, Inc.
	Capacity	S: 12

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:
\$85.00 Active limited liability company
\$25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company