

119 000303775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

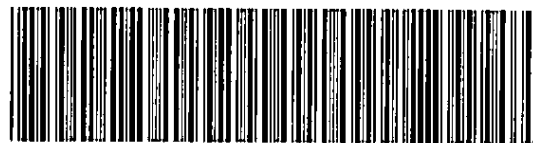
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800368359598

06/17/21--01029--216 \*\*55.00

FILED

2021 JUN 17 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sensible Solutions and 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:

Thomas Cosgrove  
(Contact Person)

Sensible Solutions and Services  
(Firm/Company)

695 SW Whisper Ridge Trail  
(Address)

Palm City FL 34990  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Cosgrove at (843) 858-3332  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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 of State is: Sensible Solutions and Services, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L19000303775

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-14-21

4. I, Cynthia Cosgrove, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Mgr

(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
2021 JUN 17 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE, FL