## LZ0000067658

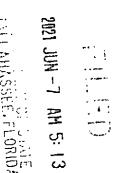
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Sizemore Solutions LLC SUBJECT:	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Danielle Sizemore	
(Contact Person)	
Sizemore Solutions LLC	
(Firm/Company)	
469 Kettering Rd.	
(Address)	<del></del>
Deltona, FL 32725	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Danielle Sizemore	386 8370705 at ( )
(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 & Centified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
rananassee, r.L. 32314	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	s it appears on the records of th	ne Florida Department
of State is: Sizem	ore Solutions LLC	***	·
2. The Florida docu L20000067658	ument/registration number a	ssigned to this limited liability	company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is:
4. 1. Michael Sizemore  (Print Name of Person Resigning)		, hereby withdraw/resign as a	
Manager			
of this limited lia resignation in wr	• •	he limited liability company ha	my i i i i i i i i i i i i i i i i i i i
	\$25.00 (Required) \$30.00 (Optional)		13 10A