

L20000098270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

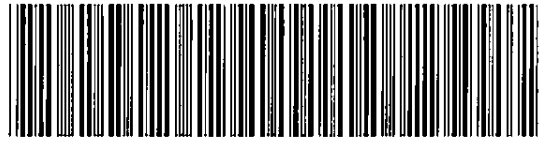
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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STATE  
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Cert. Mail: 7021 1470 0001 0702 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SSM LAW GROUP PLLC

SUBJECT: \_\_\_\_\_  
(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:

Michael Singh, Esq.

\_\_\_\_\_  
(Contact Person)

SSM LAW GORUP PLLC

\_\_\_\_\_  
(Firm/Company)

1420 Gene St.

\_\_\_\_\_  
(Address)

Winter Park, FL.

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Vanjol4 Cekani

407

900-9055

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 & 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  
SSM LAW GROUP PLLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L20000098270  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

Matthew McNamara

4. I, Matthew McNamara, hereby withdraw/resign as a

(Print Name of Person Resigning)

MGR ( Manager)

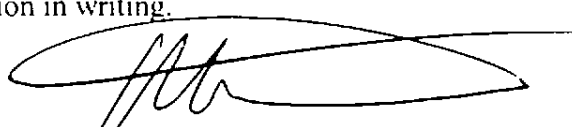
\_\_\_\_\_  
(Print Title)

7/31/2024

FILE  
STATE  
FL

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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