## L20000323149

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: UNITED SOFTWARE 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:
SAMI SYED (Contact Person)
UNITED SOFTWARE SERVICES (Firm/Company)
5010 EMERALD   SLE DR
WIMAUMA, FL. 33598 (City/State and Zip Code)
For further information concerning this matter, please call:
SAMI SYED at (303) 859-2319 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$\sqrt{2}\$ \$25 Filing Fee \times Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 li	imited liability company as	it appears on the records	of the Florida Department
of State is: UN	ITED SOFTWAR	RE SERVICES	LLC
2. The Florida docur	nent/registration number as	signed to this limited liab	oility company is:
	323149	<del></del> ·	
3. The date this mem	aber/manager withdrew/resi	gned or will withdraw/res	sign is: Nov. 1, 2020
4.1. SUSAN (Print Nai	SAMI me of Person Resigning)	, hereby withdraw/re	esign as a
Partner	Print Title)		
	lity company and affirm the	e limited liability compan	y has been notified of my
5	isan Sam	•	
Signature of Diss	sociating Member or Resign	ning Manager	THE PHILIP
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		$\overline{\omega}$