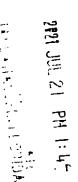


(Requestor's Name)
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PICK-UP WAIT MAIL
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07/21/21--01005--012 **25.00



COVER LETTER

Division of Corporations	
SUBJECT: SRS Central Florida (Name of Limited	l Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Adam Smith (Contact Person)	
SBS Central Florida (Firm/Company)	
3385 Round Lake Rd (Address)	
Zellwood, FL 32798 (City/State and Zip Code)	
For further information concerning this matter,	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$\times\$\$\$\$\$X\$\$ Filing Fee	he Florida Department of State for: ☐ \$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

CR2E079 (2/14)

Tallahassee, FL 32314



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 t	he records of the Florida Departm	en.
of State is: Si	S Central Florida	<u> </u>	<u>_</u> .
2. The Florida doc	ument/registration number assigned to this I	imited liability company is:	
L210000	3758		
3. The date this me	mber/manager withdrew/resigned or will w	ithdraw/resign is: 10 June 202	L
4. I. Fri Wonders	wen Solar Bright Sarving LLC. hereby ware of Person Resigning)	/ithdraw/resign as a	
		2821 [A++	
	(Print Title)	2821 JUL	
of this limited lia	bility company and affirm the limited liabil	ity company has been notified of-r	пy
resignation in wr	rung.	Par	
Mi		1: 42 	
Signature of Di	ssociating Member or Resigning Manager		
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		