

L21000178938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

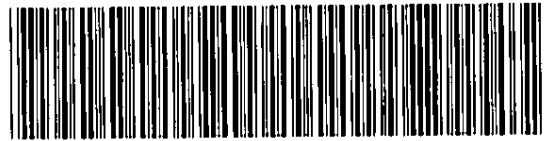
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



100427619491

Resignation or
dissociation of
member/mgr

FILED
2024 MAY 17 AM 11:23
TALLAHASSEE, FLORIDA
STATE OF FLORIDA

RECEIVED
2024 MAY 17 PM 3:09
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

A. RAMSEY

MAY 20 2024

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 25.00 _____

AUTHORIZATION SIGNATURE: *Int'l*

SANIBEL SERVICE SOLUTIONS, LLC. L21000178938

BUSINESS (Name)

Document #

☐ Walk in

☐ Pick up time _____

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ CORP

☐ LLLP

AMMENDMENTS

☐ Amendment

☒ Resignation of Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name Cancel

☐ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Limited Partnership

☐ Dissolution/_Reinstatement

☐ Trademark

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANIBEL SERVICE SOLUTIONS, 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:

Patricia Accra

(Contact Person)

Sanibel Service Solutions, LLC

(Firm/Company)

956 Dixie Beach Blvd.

(Address)

Sanibel, FL 33957

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Accra

at (248) 514-4448

(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



FILED
2024 MAY 17 AM 11:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: SANIBEL SERVICE SOLUTIONS, LLC

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

L21000178938

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

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

Authorized Member

(Print Title)

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

Jordan Luella
Signature of Dissociating Member or Resigning Manager

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