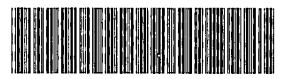
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(Requ	uestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only

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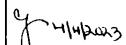


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11/02/22--81011--009 **55.00

03/30/23--01006--002 **85.90





COVER LETTER

Division of Corporations SAVVY SOLUTIONS 4 U, LLC **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: Sarah Pekarik (Contact Person) (Firm/Company) 1160 Garfield Avenue (Address) Brooksville, FL. 34604 (City/State and Zip Code) For further information concerning this matter, please call: Sarah Pekarik (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: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO: Registration Section



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2023

SARAH PEKARIK 1160 GARFIELD AVENUE BROOKSVILLE, FL 34604

SUBJECT: SAVVY SOLUTIONS 4 U, LLC

Ref. Number: L22000144428

We have received your document for SAVVY SOLUTIONS 4 U, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot resigned as registered agent on the form that you submitted, only a manager/member can. If you want to resign as the registered agent, please complete the enclosed form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

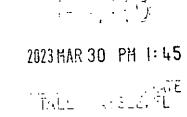
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 223A00002433

Claretha Golden Regulatory Specialist II

www.sunbiz.org





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)

	limited liability company a	s it appears on the records of the Florida Department
2. The Florida docu L22000144428	ument/registration number a	assigned to this limited liability company is:
4. I, Sarah Pekarik (Print N		signed or will withdraw/resign is: \[\lambda \lambda \lambda \rangle 2022 \], hereby withdraw/resign as a
of this limited lia resignation in wr	bility company and affirm titing. ssociating Member or Resi	he limited liability company has been notified of my gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	