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Registration Section TO: **Division of Corporations** PROSE SOLUTION SERVICE 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: NILSA, JARDIM ORNELAS (Contact Person) PROSE SOLUTION SERVICE LLC (Firm/Company) 1543 64TH TER S LOT 25-11 (Address) WEST PALM BEACH, FL 33415 (City/State and Zip Code) For further information concerning this matter, please call: NILSA, JARDIM ORNELAS (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 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)

	E limited liability company as it appears on the records of the Florida Department SE SOLUTION SERVICE LLC
2. The Florida doc L22000261721	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
	, hereby withdraw/resign as a Name of Person Resigning)
MGR)	
	(Print Title)
of this limited lia resignation in w	ability company and affirm the limited liability company has been notified of my riting.
Jau	cr Taris.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional).