L23000170013

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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S. CHATHAM

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COVER LETTER

TO:	-	stration Section sion of Corporations				
SUBJ	ECT:	Strategic Administrative Solutions, LLC				
		(Name of Limited Liability Company)				
The ea	nclosec	I member, resignation or dissocia	tion and fee(s	s) are submitted for filing.		
Please	return	all correspondence concerning t	his matter to:			
Anthor	ny T. Pa	titz				
		(Contact Person)		_		
Strateg	gic Adm	inistrative Solutions, LLC				
		(Firm/Company)		_		
P.O. B	ox 11					
		(Address)	-	_		
Lithia.	FL 335	47				
		(City/State and Zip Code)		_		
For fu	irther ir	nformation concerning this matte	r. please call:			
Anthor	ny T. Pa	titz	850 at (529-2545		
	(N	ame of Contact Person)		& Daytime Telephone Number)		
	sed ple 5 Filing	ase find a check made payable to g Fee		Department of State for: g Fee & Certified Copy		
	Regis Divis P.O.	ng Address: stration Section tion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



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 a	ppears on the records of the Florida Department
of State is: Strate	egic Administrative Solutions, LLC	···································
2. The Florida doc	ument/registration number assign	ned to this limited liability company is:
1.23000170013		_;
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is: <u>@IMPriL</u> 2023
Smooth Disc. I	1_	
(Print)	Name of Person Resigning)	
Authorized Mana	iging Member	
	(Print Title)	
of this limited lia resignation in wr		mited liability company has been notified of my
Orth		
Signature of D	issociating Member or Resigning	Manager
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	