# LZH 000 383 186

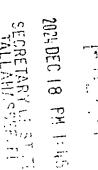
(Red	questor's Name)	
(Add	dress)	
(Addless)		
(Address)		
(City	y/State/Zip/Phone	<i>∓</i> #ĵ
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600441218656

12/18/24--01022--030 \*\*85.00



#### **COVER LETTER**

TO: Registration Section Division of Corporations	
C Corporations	
NEXT STEPS SOLUTIONS LLC	
SUBJECT:  Name of Limited Liability	Company
DOCUMENT NUMBER: L24000383186	
The enclosed Resignation of Registered Agent for a Limited for filing.	d Liability Company and fee are submitted
Please return all correspondence concerning this matter to the	he following:
MATYKIEWICZ, ALAN	
Name of Person	-
NEXT STEPS SOLUTIONS LLC	
Name of Firm/Company	-
1740 RODMAN STREET, 120	
Address	-
HOLLYWOOD, FL 33020	
City/State and Zip Code	-
ssouaid@gmail.com	2024 SE
E-mail address: (to be used for future annual report notification)	DEC
For further information concerning this matter, please call:	403-4575  Daytime Telephone Number 9
SHARON SOUAID 786	403-4575
Name of Person at (at Code	Daytime Telephone Number
Enclosed is a check made payable to the Florida Department liability company or \$25.00 for an administratively dissolve limited liability company.	nt of State for \$85.00 for an active limited ed, voluntarily dissolved or withdrawn

### **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

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115	5. Florida Statutes, the undersigned,	
ALAN MATYKIEWICZ	hereby resigns as	
Name of Registered Ager		
Registered Agent forNEXT STEPS SOLUTIO	ONS LLC	
Name of Lim	nited Liability Company	•
1.24000383186		
Document Number, if known		
A copy of this resignation was mailed to the a	above listed limited liability company at its last known address.	
The agency is terminated and the office discord	Signature of Resigning Agent	
If signing on behalf of an entity:	Signature of Resigning Agent  SECRETAR  STARLE AREA  Typed or Printed Name	114
Ty	Typed or Printed Name	
	Capacity	1: 1:5

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Active limited liability company Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**FILING FEES:** \$ 85.00 Active \$ 25.00 Admin

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115. Florida Statu	utes, the undersigned,
ALAN MATYKIEWICZ	, hereby resigns as
Name of Registered Agent	, nereby resigns as
Registered Agent for NEXT STEPS SOLUTIONS LLC	
Name of Limited Liability Cor	mpany
L24000383186	
Document Number, if known	
A copy of this resignation was mailed to the above listed lim	nited liability company at its last known address.
The agency is terminated and the office discontinued on the Signature of Res	
If signing on behalf of an entity:	2024 DE SECH
Typed or Printed N	AR 18
Capacity	PA THE

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILING FEES:
\$ 85.00
\$ 25.00
Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company