

L25000159294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

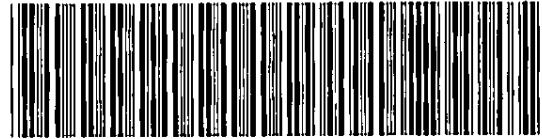
(Document Number)

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DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2025

SURESKY INTEGRATED SERVICES LLC
JOHN EMMANUEL
3606 GREENSTONE PL
VALRICO, FL 33596 US

SUBJECT: SURESKY INTEGRATED SERVICES LLC
Ref. Number: L25000159294

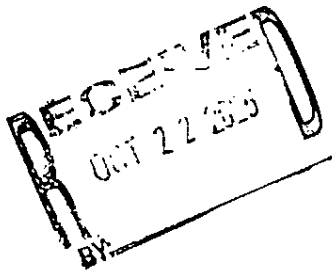
We have received your document for SURESKY INTEGRATED SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Mary C Malone
Amendment Section

Letter Number: 725A00019357





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: SURESKY INTEGRATED SERVICES LLC

2. The Florida document/registration number assigned to this limited liability company is:
1.25000159294

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

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

SECRETARY
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

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