M13000000893

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(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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RARES

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SUBJECT: Name of Limited Liability	
Name of Limited Liability	ty Company
DOCUMENT NUMBER: M13000000893	
The enclosed Resignation of Registered Agent for a Limit for filing.	ed Liability Company and fee are submitted
Please return all correspondence concerning this matter to	the following:
RESIGNATION DEPARTMENT	
Name of Person	_
CORPORATION SERVICE COMPANY	
Name of Firm/Company	-
80 STATE STREET	
Address	_
ALBANY NY 12207	
City/State and Zip Code	
RESIGN@CSCGLOBAL.COM	
E-mail address: (to be used for future annual report notification	 I
For further information concerning this matter, please call	:
RESIGNATION DEPARTMENT 518	433,7018

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Name of Person

Street Address:

Area Code Daytime Telephone Number

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 12, 2020

RESIGNATION DEPARTMENT CORPORATION SERVICE COMPANY **80 STATE STREET** ALBANY, NY 12207

SUBJECT: SUSTAINABLE SOLUTIONS GROUP, LLC

Ref. Number: M13000000893

We have received your document for SUSTAINABLE SOLUTIONS GROUP, LLC and check(s) totaling \$5.00. However, your check(s) and document are being returned for the following:

The fee to file the document is \$25.00.

There is a balance due of \$20.00.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 020A00003212

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisi	ons of section 605.0115, Florida Statutes, t	he undersigned.				
CORPORTION SERVICE COMPANY		hereby resigns	_ , hereby resigns as			
	Name of Registered Agent					
Registered Agent for _	SUSTAINABLE SOLUTIONS GROUP, L	LC				
	Name of Limited Liability Company				`	
M13000000893						
Document S	Sumber, if known					
A copy of this resignat	ion was mailed to the above listed limited	liability company at its l	ast known	ı addre	ss.	
The agency is terminat	ted and the office discontinued on the 31st	day after the date on whi	ich this sta	atemen	ıt is filed.	
	Roby No. Signature of Resigning	g Agent	E G	2021		
If signing on behalf of an entity:			[7] [5]	2020 FEB 24	-r;	
	BY ROBIN MOLT			ß 21	=	
	Typed or Printed Name				; 	
	ASST SECRETARY FOR AGENT		· - ·	7	· · ·	
	Capacity		₽. =	ထ္ ယု	~ <i>)</i>	

FILING FEES:

\$ 85.00 \$ 25.00

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

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