M190000 10557

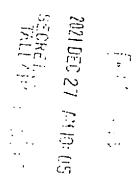
(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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12/27/21--01018--022 **25.00





Resignation of Registered Agent for a Foreign Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831

Austin, TX 78767

Phone. (800) 345-4647 Fax: (800) 432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

12/20/2021 **FLORIDA**

REP UNIT:

STRATEGIC SOLUTIONS

ENTERPRISE LLC

Enclosed for filing please find a Resignation of Registered Agent for a Foreign Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 32286 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call (800) 345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115. Florida Statutes, the undersi	gned,
Capitol	Corporate Services, Inc.	nereby resigns as
	Name of Registered Agent	. 3
Registered Agent for	STRATEGIC SOLUTIONS ENT	TERPRISE LLC
	Name of the Limited Liability Co	ompany
M1900	0010557	
	mber, if known	
A copy of this resignation	on was mailed to the above listed limited liability co	mpany at its last known address.
The agency is terminated	d and the office discontinued on the 31st day after the	he date on which this statement is filed.
	m	
	Signature of Resigning Agent	
If signing on behalf of a	n entity:	2021 DEI JEORE TALL
	Yvette Cleveland	
	Typed or Printed Name	2
	Assistant Secretary	
	Capacity	
		- - -
	FILING FEES: \$ 85.00 Active limited liability com \$ 25.00 Administratively dissolved/ withdrawn limited liability	voluntarily dissolved/

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