P 15000077809

(Re	equestor's Name)			
(Ac	ddress)			
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WALK IN

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	RESIGNATION
	(CORPORATE NAME AND DOCUME	N1 #)
	(CORPORATE NAME AND DOCUME	.N I #)
	(CORPORATE NAME AND DOCUME	NT #)
	(CORPORATE NAME AND DOCUME	NT #)
-	(CORPORATE NAME AND DOCUME	NT #)

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SOUTHERN SOLUTIONS INVESTMENTS SUBJECT:	MENTS CORI	P		
(Name of Corporation)				
DOCUMENT NUMBER: P15000077809			_	
The enclosed Officer/Director Resignation f	or a Corpor	ration and fee are submitte	ed for filing	
Please return all correspondence concerning	this matter	to the following:		
JOSE MOYA				
(Name of Person)				
SOUTHERN SOLUTIONS INVESTMENTS CORP	,			
(Name of Firm/Company)				
250 SW 198TH TER				
(Address)				
PEMBROKE PINES, FL 33029				
(City/State and Zip Code)				
For further information concerning this matt	ter, please c	all:		
JOSE MOYA	954	319-0322 Code & Daytime Telephon		
(Name of Person)	(Area	Code & Daytime Telephon	e Number)	

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

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

Street Address:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

2022 NOV 17 AM 9: 37

SECRETARY OF STATE TALLAHASSEE. FL

JOSE MOYA I	PRESIDENT, hereby resign as	
•,	(Title)	
SOUTHERN SOLUTIONS INVESTM	IENTS CORP	
(Na	me of Corporation)	
P15000077809	, a corporation organized under the laws of the State of	
(Document Number, if known)		
FLORIDA		
	 ·	
	(Signature of resigning officer/director)	
	the state of the s	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314