

L14 000 168 359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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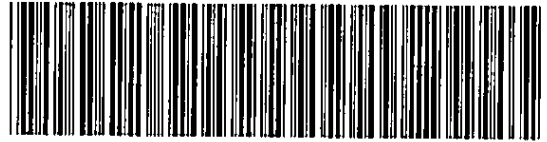
(Business Entity Name)

(Document Number)

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2022 JAN 10 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

JAN 21 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SILVERBACK CAPITAL PARTNERS LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000168359

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IAN ILLYCH Martinez ESQ  
Name of Person

BELLO & MARTINE 850 Douglas Road#303  
Name of Firm/Company

2850 Douglas Road#303  
Address

CORAL GABLES, FL 33134  
City/State and Zip Code

imartinez@bmlawgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN ILLYCH MARTINEZ at (305) 519-5291  
Name of Person Area Code Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

**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, Florida Statutes, the undersigned,  
BELLO & MARTINEZ, PLLC  
\_\_\_\_\_, hereby resigns as  
Name of Registered Agent

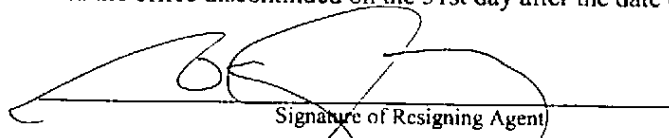
Registered Agent for SILVERBACK CAPITAL PARTNERS, LLC.  
\_\_\_\_\_  
Name of Limited Liability Company

L14000168359  
\_\_\_\_\_  
Document Number, if known

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SECRETARY OF STATE  
TALLAHASSEE, FL.

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A copy of this resignation was mailed to the above listed limited liability company at its last known address.  
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:  
IAN-ILLYCH MARTINEZ  
\_\_\_\_\_  
Typed or Printed Name  
MANAGING PARTNER OF BELLO & MARTINEZ, PLLC.  
\_\_\_\_\_  
Capacity

**FILING FEES:**  
\$ 85.00 Active limited liability company  
\$ 25.00 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