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COVER LETTER

Division of Corporations Silver Ventures, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Remi Deray (Contact Person) Silver Ventures, LLC (Firm/Company) 5911 SW 39th Ave. (Address) Fort Lauderdale, FL 33312 (City/State and Zip Code) For further information concerning this matter, please call: Remi Deray 305 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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)

	limited liability company as it apportentials, LLC	ears on the records of the Florida Department
		to this limited liability company is:
3. The date th	is member/manager is removed as	member: 11/23/2020
	risese Funding, LLC 'ame of Person Resigning)	is removed as an authorized member (AMBR)
resi gn ation in wi		ed liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	2020 DEC .