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(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
Resign			
	Office Use Onl	v	



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SECRETARY.OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations	
CHD II	Silver Pines	Shoes, LLC
SUBJI		of Limited Liability Company)
Dear S	Sir or Madam:	
The er	nclosed Resignation of Member, Mana	aging Member or Manager and fee(s) are submitted for filing
Please	return all correspondence concerning	this matter to the following:
	Melissa Georgiadis	,
	(Name of Person)	
	Silver Pines Shoes, LLC	
	(Firm/Company)	
	101 Pearlwood Street, Suite B	
-	(Address)	
	Orlando, FL 32811	1
	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For fu	rther information concerning this mat	ter, please call:
	Melissa Georgiadis	at (407) 291-4822
	(Name of Person)	(Area Code & Daytime Telephone Number)
	ET/COURIER ADDRESS:	MAILING ADDRESS:
	ration Section	Registration Section
	on of Corporations 1 Building	Division of Corporations P.O. Box 6327
	Executive Center Circle	Tallahassee, Florida 32314
	assee, Florida 32301	· ·
Enclo	sed is a check for the following amo	ount:
	x \$25 Filing Fee	\$55 Filing Fee &
.CR2E0	79 (8/05)	Certified Copy

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I.	James Vassiliadis	, hereby resign as _	Managing Member
-,		,,g	(Title)
of	Silver Pines Shoes, LLC		
	(Limit	ed Liability Company)	
a lin	nited liability company organized unde	r the laws of the State of	Florida
and	affirm that the limited liability compan	y has been notified in writing	g of the resignation.
	Jhn		
	(Signature of resigning ma	anager, managing member or	member)

FILING FEE IS \$25.00

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

06 OCT 31 AM II: 30 SECRETARY OF STATE TALLAHASSEE, FLORIG