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M. MILLIGAN JUN 12 2018 2018 JUN I I AM 9: 07
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section **Division of Corporations** SLAB INVESTMENT GROUP 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: Robert M. Kush (Contact Person) (Firm/Company) 837 Oak Park Drive (Address) Melbourne, Florida 32940 (City/State and Zip Code) For further information concerning this matter, please call: Robert M. Kush 321 432-4207 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** 

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

P.O. Box 6327 Tallahassee, Florida 32314



## 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)

1. The name of the	limited liability company as	it appears on the records of the Florida Department
	B INVESTMENT GROUP	
2. The Florida docu L0400006180	<del>-</del>	signed to this limited liability company is:
		6/15/2018
3. The date this me	mber/manager withdrew/resign	gned or will withdraw/resign is:
Robert M. Ku		
4. I,	'ame of Person Resigning)	, hereby withdraw/resign as a
MGR	ame of reison resigning	
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
	way you.	
Signature of O	ssociating Member or Resign	ring Manager
Filing Fee:	\$25.00 (Required)	
	\$30.00 (Optional)	7.0 <b>28</b>