

L04000079811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L04-79811

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

1/10

Mem Rec

Dis + Date

Office Use Only



700063148387

01/10/06--01013--004 \*\*25.00

FILED  
06 JAN 10 PM 12:15  
STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S+L Venture CAPITAL LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMUEL PERRI  
(Name of Person)

S+L Venture CAPITAL LLC  
(Firm/Company)

501 GOODLETTE RD D-100  
(Address)

NAPLES FLORIDA 34102  
(City/State and Zip Code)

For further information concerning this matter, please call:

SAMUEL PERRI at ( 239 ) 213-0200  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Lisa Delucio, hereby resign as managing member  
(Title)  
of S&L Venture Capital, LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida,  
and affirm that the limited liability company has been notified in writing of the resignation.

Lisa Delucio  
(Signature of resigning manager, 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

**FILED**  
06 JAN 10 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA