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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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DIVISION OF CURPURATIONS

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: S & L HOLDINGS, LLC (Name of Limite	ed Liability Company)
Dear Sir or Madam:	
The enclosed Resignation of Member, Managing N	Member or Manager and fee(s) are submitted for filing
Please return all correspondence concerning this in	atter to the following:
Thomas L. Howard	
(Name of Person)	
Thomas L. Howard, P.A.	
(Firm/Company)	
1818 Australian Ave. So., Suite 202	
(Address)	
West Palm Beach, FL 33409	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
	at (_561) _689.1550
(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 &
CR2E079 (8/05)	Certified Copy



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I、LOUIS COLANTUONI, JR.	, hereby resign as managing member and membe
	(Title)
of S&L HOLDINGS, LLC	
(Limit	ed Liability Company)
a limited liability company organized unde	er the laws of the State of Florida,
and affirm that the limited liability compar	ny has been notified in writing of the resignation.
	7
(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