20500063666

(Requestor's Name)	
(Address)	_
(Address)	_
,	
(City/State/Zip/Phone #)	
(City/State/Zip/Priorie #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
(Locument Namber)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
L	_

Office Use Only

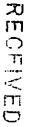


500314383235

06/12/18--01004--006 **800.00

WITH SEED OF SELF OF S

2018 JUN 11 PM 4: 40



60

2018 JUN 11 AM 8: 57

M. MILLIGAN JUN 12 2018

COVER LETTER

TO: Registration Section **Division of Corporations** SLABVTC 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 (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 STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)



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 FI SLABVTC INVESTMENT GROUP, LLC of State is:	orida Department
2. The Florida document/registration number assigned to this limited liability con L05000063666	npany is:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	_
of this limited liability company and affirm the limited liability company has be resignation in writing. Signature of Dissociating Member or Resigning Manager	en notified of my

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: