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## **COVER LETTER**

SUBJECT: SLABVTAM Investment Group LLC  (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:  Anne Herstol  (Contact Person)  Prince CPA Group  (Firm/Company)  9161 Narcoossee Road Ste 202  (Address)  Orlando, FL 32827  (City/State and Zip Code)  For further information concerning this matter, please call:  Anne Herstol  (Name of Contact Person)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$\Begin{array} \text{\$S\$} \text{\$S\$} \text{\$Filing Fee}  \Begin{array} \text{\$S\$} \text{\$S\$} \text{\$Filing Fee} & Certified Copy   STREET/COURIER ADDRESS:  Registration Section  Division of Corporations Clifton Building  P.O. Box 6327 Tallahassee, Florida 32314	Division of Corporations				
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Tallahassee, Florida 32301



## 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 re	cords of the Florida Department
of State is: SLA	BVTAM Investment Group LLC	·
2. The Florida docu L0500006369	nment/registration number assigned to this limite	ed liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdr	raw/resign is: 11 30 16
1/ *** - 1	ner, hereby withd	
Manager		
	(Print Title)	
of this limited lia resignation in wr	pility company and affirm the limited liability conting.	ompany has been notified of my
Kent 13	unhen	<u> </u>
Signature of Di	ssociating Member or Resigning Manager	<b>3</b> 2
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	