

LOS000063701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

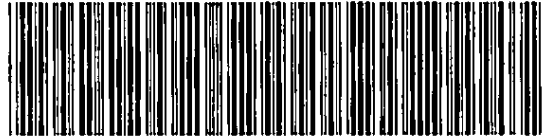
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FL

RECEIVED
2018 JUN 11 PM 4:41

2018 JUN 11 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. MILLIGAN
JUN 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLABVWCF INVESTMENT GROUP, LLC
Name of Limited Liability Company
DOCUMENT NUMBER: L05000063701

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT M KUSH

Name of Person

Name of Firm/Company

837 OAK PARK DRIVE

Address

MELBOURNE FLORIDA 32940

City/State and Zip Code

BKUSH2009@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT M KUSH

321

432-4207

Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

ROBERT M. KUSH

, hereby resigns as

Name of Registered Agent

Registered Agent for _____

SLABVWCF INVESTMENT GROUP, LLC

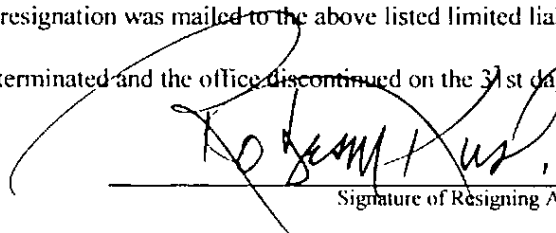
Name of Limited Liability Company

L05000063701

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Robert M. Kush

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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