

L050000063701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

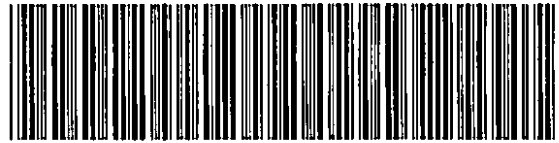
(Business Entity Name)

(Document Number)

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

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Office Use Only



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

RECEIVED  
2018 JUN 11 PM 4:40  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
REGISTRATION  
TALLAHASSEE, FLORIDA

FILED  
2018 JUN 11 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MILLIGAN  
JUN 12 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SLABVWCF 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:

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

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

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:**

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



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 Florida Department  
of State is: SLABVWCF INVESTMENT GROUP, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L05000063701

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/15/2018  
Robert M. Kush

4. I, Robert M. Kush, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

Robert M. Kush  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2018 JUN 11 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED