

L06000018729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

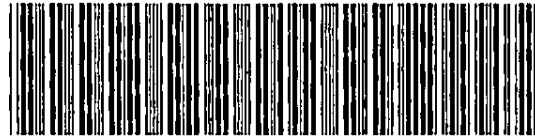
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NOV 21 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORBITIX LENDING 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:

SYLVIA M SLEMER  
(Contact Person)

ORBITIX LENDING LLC  
(Firm/Company)

2637 E ATLANTIC BLVD, DPT 4171.6  
(Address)

POMPANO BEACH, FL, 33062  
(City/State and Zip Code)

For further information concerning this matter, please call:

SYLVIA M SLEMER at (954) 242.3543  
(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



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: ORBITIX LENDING LLC

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

L06000018729

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/24/2010

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

MANAGER  
(Print Title)

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

  
Signature of Dissociating Member or Resigning Manager

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2017

SYLVIA M SLEMER  
2637 E ATLANTIC BLVD.  
APT. 41716  
POMPANO BEACH, FL 33062

SUBJECT: ORBITIX LENDING LLC  
Ref. Number: L06000018729

We have received your document for ORBITIX LENDING LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 517A00019592

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