

LO7 000 108488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

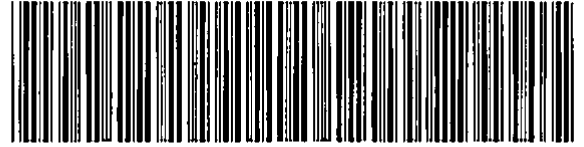
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800331263458

2019 JUL -5 AM 11:49

2019 JUL -5 AM 11:49

FILED

Y SULKER

JUL 17 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SR Investments of NW FL, 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:

Kramer A. Litvak

(Contact Person)

Litvak Beasley Wilson & Ball, LLP

(Firm/Company)

40 S. Palafox Place, Suite 300

(Address)

Pensacola, Florida 32502

(City/State and Zip Code)

For further information concerning this matter, please call:

Kramer A. Litvak

850

4329818

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



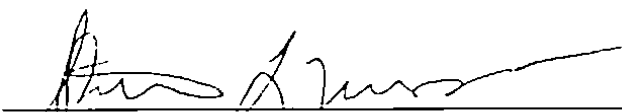
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: SR Investments of NW FL, LLC
2. The Florida document/registration number assigned to this limited liability company is: L07000108488
3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 1, 2019
4. I, Steve Newsom, 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)