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T. CLINE

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EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: SLG HOLDINGS NA, LLC (Name of Limited Liability Company)		
The enclosed member, managing member or manager resignation and fee(s) are submifiling.	itted for	
Please return all correspondence concerning this matter to:		
DENNIS J SZCZECH		
(Contact Person)		
SLG HOLDINGS NA, LLC. (Firm/Company)	2011 SE	
1073 WILLA SPRINGS DR. STE 1057	2010 MAR - 1 PM ER 48 SECRETARY OF STATE ALL AHASSEE, FLORIDA	7
(Address) WINTER SPRINGS, FL. 32708	Y OF STA	
(City/State and Zip Code)	RAIL 6	
For further information concerning this matter, please call:	,	
DENNIS J SZCZECH at (407) 574-2955 (Name of Contact Person) (Area Code & Daytime Telephone Numb	er)	
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 MAILING ADDRESS: Registration Section		

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: SLC	limited liability company a G HOLDINGS NA,	is it appears on the records	s of the Florida Departm	ent _·
2. This limited liab FLORIDA	ility company was organize	ed under the laws of:		
1.0000010	ment/registration number of 5968	·		
4. I, LISA L M	OORE ame of Person Resigning)	, hereby resign as a	MGRM (Print Title)	_
of this limited lial resignation in writing the second sec	OORE ame of Person Resigning) polity company and affirm to the string. Description of the string	he limited liability compa	ny has been notified of the secretary of STATE	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ATE O	- 9·