

LO9000116531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

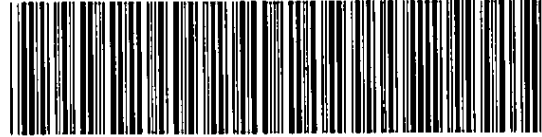
(Document Number)

Certified Copies _____

Certificates of Status _____

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2020 SEP -4 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FL

JLQ 10/15/20



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: SL Development Fund LLC

2. The Florida document/registration number assigned to this limited liability company is:
L09000116531

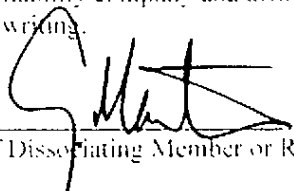
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7.3.20

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

Agent

(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)

SECRETARY OF STATE
TALLAHASSEE, FL

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