## 1100000002091

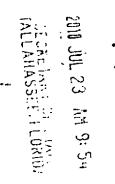
(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone #)	<del></del>		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Name)			
(Document Number)				
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JUS 2818

## **COVER LETTER**

TO:	-	stration Section sion of Corporations		
SUBJ	IECT:	SFL Real Estate Solutions, L		
		(Name of Lim	ited Liability Co	mpany)
The e	nclosed	d member, resignation or dissocia	ation and fee(	s) are submitted for filing.
Please	e return	n all correspondence concerning	this matter to:	
Nicol	as Go	mez		
		(Contact Person)		_
SFLI	Real E	Estate Solutions, LLC		
		(Firm/Company)		_
1340	NE 4	1st ST.		_
		(Address)		
Oakla	and Pa	ark, FL 33334		
_		(City/State and Zip Code)		_
For fu	arther i	nformation concerning this matte	er, please call:	
nicola	as gon	nez	954 at (	200-2337
	(N	Same of Contact Person)		e & Daytime Telephone Number)
	sed plo 5 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
		COURIER ADDRESS:		MAILING ADDRESS: Registration Section
_		Section Corporations		Division of Corporations
	n Buile	•		P.O. Box 6327
		tive Center Circle . Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



## 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)

it appears on the records of the Florida De	partmen
ssigned to this limited liability company is:	
igned or will withdraw/resign is: 7/18/18	
ne limited liability company has been notific	SOLEGIE IN THE STATE OF THE STA
	resigned to this limited liability company is:  7/18/18  igned or will withdraw/resign is:  hereby withdraw/resign as a  re limited liability company has been notific

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: