L10000005913

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(Address)
(Address)
. (City/State/Zip/Phone #)
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SECRETARY OF STATE
TALLAHASSEF FIORINA

S. HAWKES

MAR _ 4 2010

EXAMINER

COVER LETTER

TO: Registration Section

CR2E079 (5/06)

Division of Corporations	
SUBJECT: SLG Florida Properties, LLC	
(Name of Limited Liability Cor	mpany)
The enclosed member, managing member or manager resigning.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Lisa Moore	_
(Contact Person)	_
. 1.	
(Firm/Company)	-
424 E Central Blvd #409	· -
(Address)	•
Orlando, FL 32801	_
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Lisa Moore at 678	993-3201
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I	
\$25 Filing Fee	S55 Filing Fee & Certified Copy
	Commod Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	



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 limited liability company as of State is: SLG Florida Properti	it appears on the records of the Florida Department es, LLC
2. This limited liability company was organized Florida	under the laws of:
3. The Florida document/registration number of L10000005913	this limited liability company is:
4. Lisa L Moore	, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the resignation in writing. Signature of Resigning Member, Managing M	e limited liability company has been notified of my

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: