

L100000023450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

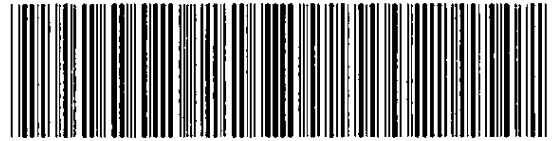
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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2024 SEP 25 PM 3:48  
SECRETARY OF THE  
TALLAHASSEE FL

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SILVER MOON INVESTORS 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:

DAVID CHOCRON

(Contact Person)

(Firm/Company)

460 LOVELL AVE

(Address)

MILL VALLEY, CA 94941

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID CHOCRON 415 5210528  
\_\_\_\_ 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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2E070 (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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SILVER MOON INVESTORS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000023450

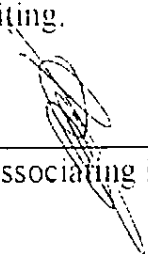
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/01/2024

4. I, CHOCRON, DAVID RAPHAEL, 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)

2024 SEP 25 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FL