

L13000116958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

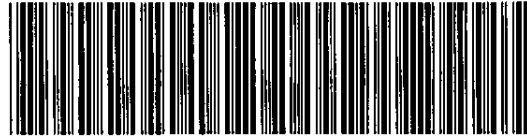
(Document Number)

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14 FEB -7 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 FEB 14 10:36

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SILVER SPRINGS MANAGEMENT, 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:

Duke Owen

(Contact Person)

Silver Springs Management, LLC.

(Firm/Company)

1250 S. Plantation Island Road, Ste. 500

(Address)

Plantation, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Duke Owen

(Name of Contact Person)

at ( 954 ) 762-2223

(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

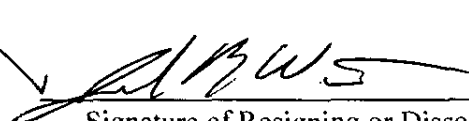
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Silver Springs Management, LLC.

2. The Florida document/registration number of this limited liability company is:  
L13000116958

3. The date this member withdrew or will withdraw is: 1-31-2014

4. I, Joel R. Wiessner, hereby resign as a Managing Member  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 1-31-14  
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
14 FEB -7 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA