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COVER LETTER

	COVER LETTE	R	S. Any
TO: Registration Section Division of Corporations			Sich And Sich Confession
SUBJECT:Old	Dogs Run, LLC		19/
(N	ame of Limited Liability C	Company)	" " " " " " " " " " " " " " " " " " "
The enclosed member, resignation	or dissociation and fe	e(s) are submitted for fili	ng.
Please return all correspondence co	oncerning this matter t	o:	
Doug Hanna	ıh		
(Comact Person))		
Silverleaf Adviso	ors, LLC		
(Firm/Company))		
8911 Daniels Pk	xwy, #6		
(Address)		_	
Fort Myers, FL	33919		
(City/State and Zip (Code)		
For further information concerning	this matter, please ca	11:	
Doug Hannah	239	454-0572	
(Name of Contact Person)		ode & Daytime Telephone	Number)
Enclosed please find a check made ■ \$25 Filing Fee		a Department of State for ing Fee & Certified Copy	
STREET/COURIER ADDRESS	:	MAILING ADDRE	SS:

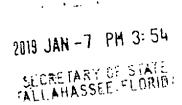
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314





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)

	limited liability company as it appears on the records of the Florida Departme	nt
of State is:		-
2. The Florida doc	ument/registration number assigned to this limited liability company is:	
L1	4000149691	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: Dec. 20, 2018	}
4. l. Doug Hanna	h Mgr. of Silverleaf Advisors	
(Print N	h Mgr. of Silverleaf Advisors , hereby withdraw/resign as a lame of Person Resigning)	
Manager		
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of niting.	ıy
Signature of D	M. mar. for Silverleaf Advisors, LLC issociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	