

L14 000 168 359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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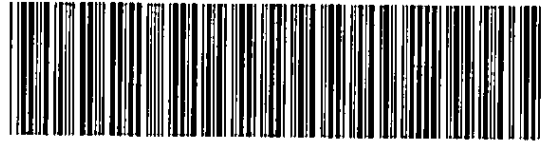
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

JAN 21 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVERBACK CAPITAL PARTNERS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L14000168359

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IAN ILLYCH Martinez ESQ
Name of Person

BELLO & MARTINE 850 Douglas Road#303
Name of Firm/Company

2850 Douglas Road#303
Address

CORAL GABLES, FL 33134
City/State and Zip Code

imartinez@bmrlawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IAN ILLYCH MARTINEZ at (305) 519-5291
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
BELLO & MARTINEZ, PLLC
_____, hereby resigns as
Name of Registered Agent

Registered Agent for SILVERBACK CAPITAL PARTNERS, LLC.

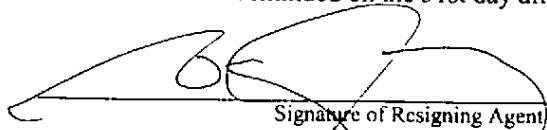
Name of Limited Liability Company

L14000168359

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

IAN-ILLYCH MARTINEZ

Typed or Printed Name

MANAGING PARTNER OF BELLO & MARTINEZ, PLLC.

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2022 JAN 10 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FL

FILED