45000096632

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: S&L Dance Studio, 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: |
| Sherry Wolfering (Contact Person) |
| S&L Dance Studio, LC. (Firm/Company) |
| 5152 Buggy (relic Rd A23 |
| St Cloud FL 3477/ (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Sherry Wolfering at 321 697 8063 (Warne of Contact Person) (Area Code & Daytime Telephone Number) |
| Exclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\subset}}\$\$ \$\\$25 \text{Filing Fee & Certified Copy}\$\$ |
| emperticolibles apprece. Mail INC apprece. |

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

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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)

| (Pursuant to 605.0216, Florida Statutes) PLANA 24 ASS. |
|--|
| 1. The name of the limited liability company as it appears on the records of the Florida Department |
| of State is: S&L Dance Studio, LLC. |
| 2. The Florida document/registration number assigned to this limited liability company is: |
| L15000096682 |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 1, 2018 |
| 4. I, Lisa M Sand Lisa hereby withdraw/resign as a (Print Name of Person Resigning) |
| Member (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) |
| Subucheck #901 |