## L15000109065

(Re	questor's Name)	
(Ad	dress)	
( )-	<b>-</b> ,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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/Da	cument Number)	
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JAN 14.2016 JAUSSEAUX

#### **COVER LETTER**

**Division of Corporations** The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: For further information concerning this matter, please call: Enclosed please find a check made payable to the Plorida Department of State for: \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

#### STREET/COURIER ADDRESS:

Registration Section

TO:

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

CR2E079 (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)

. The name of the limited liability company as it appears on the records of the Florida Department
of State is: <u>SL</u> Wen 1th Management LLC.
. The Florida document/registration number assigned to this limited liability company is:
L15000109065
The date this member/manager withdrew/resigned or will withdraw/resign is:
Print Name of Person Resigning), hereby withdraw/resign as a
Audioused Newber (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Live Jan
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)