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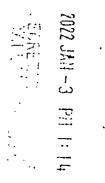
(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	ertified Copies Certificates of Status				
Special Instructions to	Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: 5DL AND A650CIA	d Liability Company)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
(Contact Person)	
SDL + ASSOCIATES, (Firm/Company)	uc
ROTONDA JEL 3594	
(City/State/and Zip Code)	
For further information concerning this matter	, please call:
(Name of Contact Person)	at (94/) 68/- 1/89 (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
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



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)

1. The name of the	limited liability	company as it a	ppears on the re	ecords of th	e Florida I	Departi	ment
of State is:	SDL AND	ASSOCIATE	5, LLC				 ·
2. The Florida docu	ument/registratio		ned to this limit 	ed liability	company i	is:	
3. The date this me	mber/manager w	vithdrew/resigne	d or will withd	raw/resign i	is: <u>12/.</u>	31/20	22/
4. I, STEVEN (Print N	R. LEGG ame of Person Resi		_, hereby withd	lraw/resign	as a		
	G- E-7Z (Print Title)	·					
of this limited lial resignation in wr		und affirm the lir	nited liability c	ompany has	s been noti	ified of	f my
	to fin	<i>y</i>		_	<i>;</i>	21	
Signature of Di	ssociating Memi	ber or Resigning	, Manager			KY ZZ	· .
Filing Fee:	\$25.00 (Requ	uired)			-	ಪ	. ','
Certified Copy:	\$30.00 (Opti	onal)) - -	4)