1/6000 2/4829

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



300323732403

01/25/19--01010--010 **25.00

2019 JAH 25 FD 3: 20

1. 1 . 1. 2.1. 1.1. 2.1

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: SFR Flip Fund LLC (Name of Lin	nited Liability Cor	npany)
The c	nclosed member, resignation or dissoc		
Please	e return all correspondence concerning	this matter to:	
Blake	e Seo		
	(Contact Person)		_
SFR	Flip Fund LLC		
	(Firm/Company)	-	
503 E	E. Jackson St. #217		
	(Address)		_
Tamp	pa, FL 33602		
	(City/State and Zip Code)	_	_
For fu	urther information concerning this matt	er, please call:	
Blake	(Name of Contact Person)	702	883-0241
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		
Regis Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations on Building Executive Center Circle massee, 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)

	limited liability company as		rds of the Florida Department SASTER RELIEF, LLC
	ument/registration number a		
	mber/manager withdrew/res JND LLC Tame of Person Resigning)		*
	(Print Title)		
of this limited lia resignation in wr		ne limited liability com	pany has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager	2019 J
=	\$25.00 (Required) \$30.00 (Optional)		JAH 25 12 3