K16000 216158

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: S/Fox 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:
Wancy Exposito (Contact Person)
Sly Fox UC (Firm/Company)
2773 Birch Terr
Davie fl 33330 (City/State and Zip Code)
For further information concerning this matter, please call:
Nancy Exposito at (305) 965-7003 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee

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



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)

	imited liability company as it appears on the records of the Florida Departmen
of State is:	Sly Fox LLC.
2. The Florida docur	ment/registration number assigned to this limited liability company is:
L1600	0216158
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is: 1-0/-202
4. I. <u>SANDR</u> (Print Na.	A DO MACE, hereby withdraw/resign as a me of Person Resigning)
	cfore Print Title)
of this limited liabi resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Souss l	Sociating Member or Resigning Manager
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)