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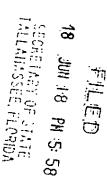
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJI	ECT: S&L TRUST 2016 LLC		
	(Name of L	Limited Liability C	Company)
The en	closed member, resignation or disso	ociation and fee	e(s) are submitted for filing.
Please	return all correspondence concernir	ig this matter to	0:
LORN	IE ABRAMS		
	(Contact Person)		
	(Firm/Company)		_
16 JEI	FFERSON CT. S		
-	(Address)		<u> </u>
ST. PE	ETERSBURG, FL 33711		
	(City/State and Zip Code)		
For furt	ther information concerning this ma	tter, please call	:
LORN	E ABRAMS	727 at (521-1701
	(Name of Contact Person)		le & Daytime Telephone Number)
Enclose ■ \$25 F	ed please find a check made payable Filing Fee	to the Florida \$55 Filin	Department of State for: ag Fee & Certified Copy
Registra Divisior Clifton 1 2661 Ex	ET/COURIER ADDRESS: ation Section n of Corporations Building secutive Center Circle ssee, 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 EROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANDA

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as L TRUST 2016 LLC	it appears on the records of the Florida Department
2. The Florida doct	ment/registration number as	signed to this limited liability company is:
L1600022408	9	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
(Print 8	ame of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
resignation in wr	iting. 1 Mosponi	e limited liability company has been notified of my
Filing Fee:	\$25.00 (Required)	ning Manager
Cerunea Copy:	\$30.00 (Optional)	