

L16000230981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

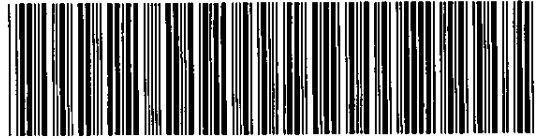
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200309387482

02/27/18--01022--018 \*\*85.00

FILED

18 FEB 27 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

FEB 27 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SLCP LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000230981

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack Klein  
Name of Person

Jack Klein CPA  
Name of Firm/Company

2626 NE 2<sup>nd</sup> Ave  
Address

Miami, FL 33137  
City/State and Zip Code

11@jacklevinecpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roni Arber at (305) 450-8064  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Roni Arber

, hereby resigns as

Name of Registered Agent

Registered Agent for

SLCP LLC

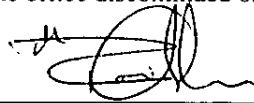
Name of Limited Liability Company

L16000230981

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
19 FEB 21 PM 3:19  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE