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A. RIVERS MAR 2 - 2023

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Help Slip Fundings, LC
(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:
Michael F. Von Gonten (Contact Person)
Help Slip Fundings, LLC (Firm/Company)
6173 Pine Dr (Address)
Lake worth of 33/62 (City/State and Zip Code)
For further information concerning this matter, please call:
MF von Gonten at (561) 7-3-9575 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing Fee & Certified Copy}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 compan	y as it appears on the r	ecords of the Fl	lorida Depar	tment
of State is:	lp Slip	Fundings,	, LC		 .
2. The Florida docu	ment/registration numbe	er assigned to this limi	ted liability con	npany is:	
	mber/manager withdrew		droudracian ic	12/5/:	Zu 2.7
3. The date this men	mber/manager withdrew	resigned or will with	iraw/resign is: _	· / / 6	ے تا میں
4. I. Lachery	Von Jon	hereby with	draw/resign as	a	
Maria	Print Title)				
of this limited liab	oility company and affin	m the limited liability	company has be	en notified	of my
resignation in wri	ting.			2022	
	Je -		_	2022 DEC	
Signature of Di	secciating Member or R	esigning Manager			1 [7]
Filing Fee:	\$25.00 (Required)			or or	n n
Certified Copy:	\$30.00 (Optional)			ن	ပ