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(Requestor's Name)			
(Address)			
(Audiess)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Booding)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

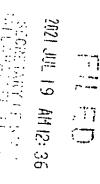
Office Use Only



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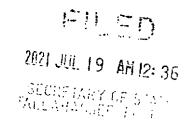
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COVER LETTER

Division of Corporations	
SUBJECT: SSL INVESTMENTS, LLC	
	ed Liability Company)
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	his matter to:
Daniel Wagner, Esq.	
(Contact Person)	
Daniel Wagner, P.A.	
(Firm/Company)	
20807 Biscayne Blvd., Suite 201	
(Address)	
Aventura, FL 33180	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Daniel Wagner, Esq.	305 919-7788 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: \$\sum \\$55 \text{ Filing Fee & Certified Copy}\$
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 a	as it appears on the records of the Florida Department
2. The Florida docui	ment/registration number a	assigned to this limited liability company is:
стерием м сп	VEDSTEIN	rsigned or will withdraw/resign is: , hereby withdraw/resign as a
MEMBER	Print Title)	
	ility company and affirm t	he limited liability company has been notified of my
Signature of Dis	sociating Member or Resi	Monager
	\$25.00 (Required) \$30.00 (Optional)	