

L17000073293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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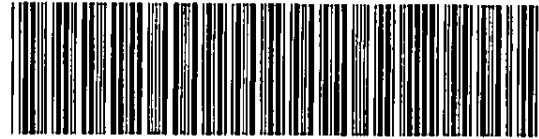
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Amendment Section
Division of Corporations

LLC

SILVERWOOD LANE LLC, ~~SILVERWOOD LANE 2 LLC~~ Resignation of member

SUBJECT: ~~Name of Limited Partnership or Limited Liability Limited Partnership~~
~~L17000073293, & L17000073413~~

DOCUMENT NUMBER: _____

The enclosed ~~Resignation of Registered Agent~~ and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JASON J ZINNO

Contact Person

~~SILVERWOOD LANE 2 LLC~~ / SILVERWOOD LANE LLC

Firm/Company

540 E HORATIO AVE SUITE 100

Address

MAITLAND FL 32751

City, State and Zip Code

JASONZINNO@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON J ZINNO

407

467-5631

at (_____) _____

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for:

☐ \$87.50 Filing Fee

☐ \$140.00 (\$87.50 Filing Fee and \$52.50 Certified Copy Fee)

Mailing Address:

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

Street Address:

Amendment 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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Silverwood Lane, LLC

2. The Florida document registration number assigned to this limited liability company is:

L17000073293

3. The date this member manager withdrew/resigned or will withdraw/resign is: 10/15/2020

4. I, Jennifer M. Zinno, hereby withdraw/resign as a

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X [Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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