

L17 0000073443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

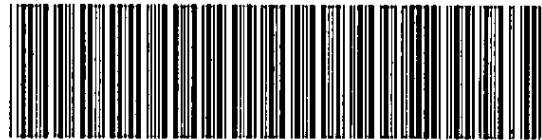
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

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

**SUBJECT:**

Name of Limited Partnership or Limited Liability Limited Partnership  
~~L17000073293~~ & L17000073443

**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 2, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000073443

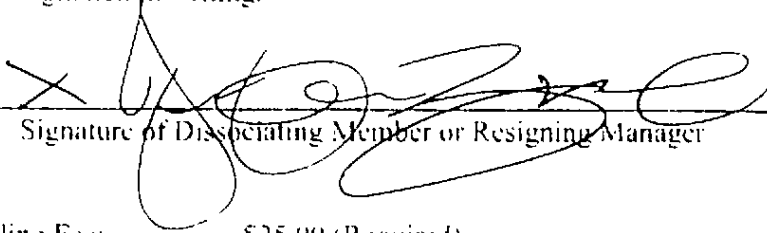
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-15-2020

4. I, Jennifer M. Zinna, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

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

  
Signature of Dissociating Member or Resigning Manager

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

**FILED**  
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TALLAHASSEE, FL