

L17000108963

(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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TALLAHASSEE, FLORIDA

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17 JUL 10 PM 6:00
CLERK OF COURT
TALLAHASSEE, FLORIDA

S. WARREN

JUL 12 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(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:

(Contact Person)

(Firm/Company)

(Address)

(City State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

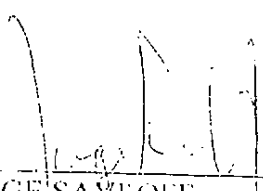
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

**RESIGNATION OF MANAGER
FROM FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SALT CAPITAL, LLC.
2. The limited liability company was organized under the laws of: FLORIDA.
3. The Florida document/registration number of this limited liability company is: L17000108963.
4. I, JORGE SAVLOFF, effective this ____ day of May 2017, hereby withdraw/resign as a Manager, of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Name: JORGE SAVLOFF
Signature of Resigning Manager

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17 JUL 10 PM 6:00
TALLAHASSEE, FLORIDA