# L17000186667

(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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#### **COVER LETTER**

_	stration Section sion of Corporations					
SUBJECT:	SALIENT LWR, LLC					
(Name of Limited Liability Company)						
The enclosed	I member, resignation or dissoc	iation and fee(s	s) are submitted for filing.			
Please return	all correspondence concerning	this matter to:				
DAVID CAF	REY					
	(Contact Person)	-	_			
SALIENT L	WR, LLC					
	(Firm/Company)		_			
5001 LAKE	WOOD RANCH BLVD. N.					
	(Address)		_			
LAKEWOO	D RANCH, FL. 34240			E.C.	2018 0	7
	(City/State and Zip Code)		_	#### ###	- 130	gasta:
For further in	nformation concerning this mat	ter, please call:		SURF.		
DAVID CAF	REY	941 at (	966-3116	三 三 2 2 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3	然二: 37	4. 1
(N:	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	<u> </u>	3	
Enclosed plea  ■ \$25 Filing	ase find a check made payable g Fee		Department of State for: 3 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

CR2E079 (2/14)



### 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)

	ited liability company as it appears on the records of the Florida Department LWR, LLC	ıt	
2. The Florida docume L17000186667	nt/registration number assigned to this limited liability company is:		
4. I, DAVID M. CARE (Print Name MANAGER	of Person Resigning), hereby withdraw/resign as a	2018 OCT - 1 AM	C. C
of this limited liability resignation in writing	nt Title)  y company and affirm the limited liability company has been notified of my  3.  Ciating Member or Resigning Manager	11: 37	
Filing Fee:	\$25.00 (Required)		

Certified Copy: \$30.00 (Optional)