

L18000047119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

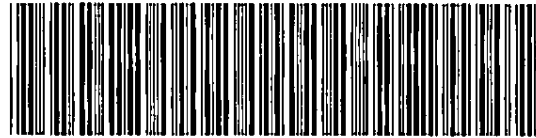
(Business Entity Name)

(Document Number)

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JUN 07 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLS4404 LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L18000047119

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eduardo Kalb

Name of Person

Name of Firm/Company

20900 NE 30th Ave Suite 703E

Address

Aventura FL 33180

City/State and Zip Code

nassaramir@gmail.com

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

For further information concerning this matter, please call:

Amir Nassar Tayupe

Name of Person

at (

305

)

890-1791

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

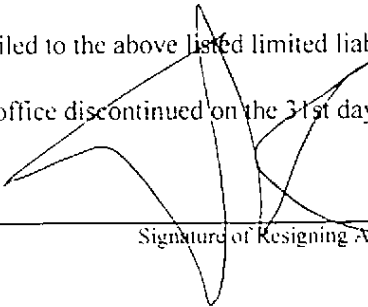
Eduardo Kalb hereby resigns as
Name of Registered Agent

Registered Agent for SLS4104 LLC
Name of Limited Liability Company

L18000047119
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Eduardo Kalb
Typed or Printed Name
Registered Agent
Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314