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Division of Corporations SALT GROUP LAS OLAS, LLC 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: SCOTT J. WEISELBERG (Contact Person) KOPELOWTIZ OSTROW FERGUSON WEISELBERG GILBERT (Firm/Company) 1 WEST LAS OLAS BLVD, SUITE 500 (Address) FORT LAUDERDALE, FL 33301 (City/State and Zip Code) For further information concerning this matter, please call: SCOTT J. WEISELBERG 954 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

TO:

Registration Section



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)

	the limited liability company as	s it appears on the records of the Fl	orida Department
2. The Florida d		ssigned to this limited liability com	IPANY RES
4. I, GEORGE VA	ALANTASIS	signed or will withdraw/resign is:, hereby withdraw/resign as a	T. = -
MANAGER	nt Name of Person Resigning) (Print Title)		38 38
of this limited resignation in		ne limited liability company has bee	en notified of my
_	Dissociating Member or Resig	ming Manager	
Filing Fee:	\$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)