

L18000 122 975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

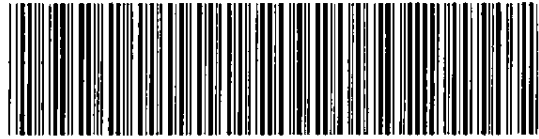
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLMR Florida, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel R. Hooper

Name of Person

Firm/Company

P O Box 546

Address

Brentwood, TN 37024-0546

City/State and Zip Code

hooper.randall@gmail.com

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

For further information concerning this matter, please call:

Joel R. Hooper

Name of Person

at (615) 300-4914

Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

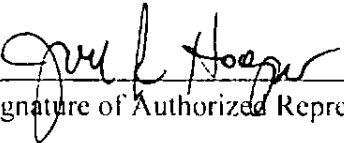
FIRST: The name of the limited liability company is: SLMR Florida, LLC

SECOND: The Florida Document number of the limited liability company is: L18000122975

THIRD: The date of filing of the initial articles of organization is: May 16, 2018

FOURTH: The date of filing of the dissolution is: February 3, 2025

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Joel R. Hooper

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)