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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPBN, LLC
(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:

Sam Angelides
(Contact Person)

SPBN, LLC
(Firm/Company)

3990 Belle Vista Dr.
(Address)

St. Pete Beach, FL 33706
(City/State and Zip Code)

For further information concerning this matter, please call:

Sabrina Angelides at (727) 254 1653
(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

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