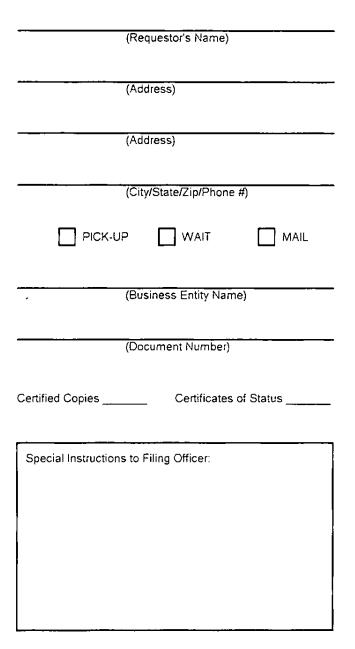
## L19 000 205 252







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## **COVER LETTER**

| _               | stration Section ion of Corporations |                         |                              |
|-----------------|--------------------------------------|-------------------------|------------------------------|
|                 | Sea Salt Properties, LLC             |                         |                              |
| SUBJECT:        |                                      |                         |                              |
|                 | (Name of                             | f Limited Liability Com | ipany)                       |
| The enclosed    | l member, resignation or dis         | ssociation and fee(s    | ) are submitted for filing.  |
| Please return   | all correspondence concern           | ning this matter to:    |                              |
| Erin Korniyenk  | (0                                   |                         |                              |
|                 | (Contact Person)                     |                         | -                            |
| Sea Salt Proper | ties, LLC                            |                         |                              |
|                 | (Firm/Company)                       |                         | -                            |
| 1016 Thomas I   | Dr. PMB 187                          |                         |                              |
|                 | (Address)                            |                         | -                            |
| PCB, FL 32408   | 3                                    |                         |                              |
| <del>*</del>    | (City/State and Zip Code)            |                         | •                            |
| For further in  | nformation concerning this           | matter, please call:    |                              |
| Erin Korniyenk  | ω                                    | 850<br>at (             | 3399670                      |
| (N              | ame of Contact Person)               | (Area Code              | & Daytime Telephone Number)  |
| Enclosed ple    | ase find a check made paya           | ble to the Florida D    | Department of State for:     |
| □ \$25 Filing   | g Fee                                | <b>■</b> \$55 Filing    | Fee & Certified Copy         |
| <u>Ma</u> ilir  | ng Address:                          |                         | Street Address:              |
| Regis           | stration Section                     |                         | Registration Section         |
|                 | ion of Corporations                  |                         | Division of Corporations     |
|                 | Box 6327                             |                         | The Centre of Tallahassee    |
| Talla           | hassee, FL 32314                     |                         | 2415 N. Monroe Street, Suite |

Tallahassee, FL 32303



## 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)

| Sea S                                 | limited liability company as  | it appears on the records of the Florida Departme  | :nt<br> |
|---------------------------------------|---|--|---------|
| 2. The Florida doct                   | ument/registration number as  | signed to this limited liability company is:   |         |
| Samuel Korniyer                       | sko   | igned or will withdraw/resign is:, hereby withdraw/resign as a   | _       |
| of this limited lia resignation in wr | (Print Title) bility company and affirm the iting.                      | SECRETARY OF STATE of the limited liability company has been started of the liability company has been started or the liability or the liability or the liab | ロデカフ    |
| Filing Fee:                           | issociating Member or Resig<br>\$25.00 (Required)<br>\$30.00 (Optional) | RECEIVED FEB 2 0 2024  |         |