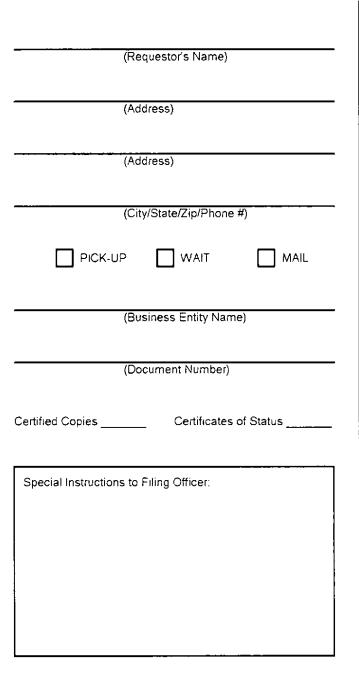
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Office Use Only



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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)

1. The name of the	limited liability company	as it appears on the recor	rds of the Florida Department
of State is: _S	SLB, LLC		·
2. The Florida doc	ument/registration number	assigned to this limited	liability company is:
<u> </u>	72675		
3. The date this me	ember/manager withdrew/r	resigned or will withdraw	/resign is: <u>April 1, 3</u> 024
4. I, Scelle (Print N	TODY Jame of Person Resigning)	, hereby withdraw	v/resign as a
	d Member (Print Title)		
of this limited lia resignation in wr	bility company and affirm iting.	the limited liability comp	pany has been notified of my
follo.	<u>//</u> .		. 20
Signature of Di	ssociating Member or Res	igning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FILED 2024 HAY -2 PM 3: 5401 EMILY OF ST
			777

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: <u>SBLB</u> , LLC	1 Liability Company)
(Name of Limited	I Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
Jacks J. Tobin	
(Contact Person)	
seif	
· (Firm/Company)	
AGE	
495 Westminster Hall Ave	2.00H 10.7
(Addiess)	
North Las Mance NIM en	V3 3
North Las Vegus, NV sq (City/State and Zip Code)	<u>02x</u>
For further information concerning this matter,	please call:
11 '	m/ 05
Toelle Topoin a	270-0695
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	he Florida Department of State for:
☐ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303