La1000029053

(Requestor's Name)					
(Address)					
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S. CHATHAM AUG 13 2023

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COVER LETTER

TO:	_	stration Section sion of Corporations				
SHBJ	ECT:	SLC OCALA LLC				
		(Name of Limited Liability Company)				
The er	nclosec	I member, resignation or disso	ciation and fee(s) are submitted for filing.		
Please	return	all correspondence concernin	g this matter to:			
MARK	C SEAR!	S				
		(Contact Person)	_	_		
REGIS	STERED) AGENT				
		(Firm/Company)		_		
2375 N	NE 25TH	LAVE				
	-	(Address)		_		
OCAL.	A, FL 3	4470				
		(City/State and Zip Code)	-	_		
For fu	rther ir	nformation concerning this ma	tter, please call:			
MARK	SEARS	S	352 at (789-6683		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclos	sed ple	ase find a check made payable	to the Florida [Department of State for:		
□ \$ 25	5 Filing	g Fee	■ \$55 Filing	g Fee & Certified Copy		
		g Address:		Street Address:		
	_	tration Section		Registration Section		
		ion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee		
		nassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E079 (2/14)



DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as it appears on the records of the F	•
of State is:	OCALA LLC	·
2. The Florida doci	cument/registration number assigned to this limited liability con	npany is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	02/22/2023
STACEV CHAN		
(Print N	Name of Person Resigning)	
	MGR	
	(Print Title)	
of this limited lial resignation in wr	ability company and affirm the limited liability company has be riting.	en notified of my
	Af 1/hm	
Signature of Di	Dissociating Member or Resigning Manager	
_	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	