

L21000321517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 SEP 30 PM 4:17

Oct 7

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Social Impact Investment Partners, 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:

Harold Graham
(Contact Person)

Graham Partners
(Firm/Company)

14620 Bahama Swallow Blvd.
(Address)

Winter Garden, FL 34787
(City/State and Zip Code)

For further information concerning this matter, please call:

Harold Graham at (917) 861-1835
(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



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 records of the Florida Department of State is: Social Impact Investment Partners, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000321517

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 1, 2022

4. I, Harold Graham/Graham Partners, hereby withdraw/resign as a
(Print Name of Person Resigning)

Agent/Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)