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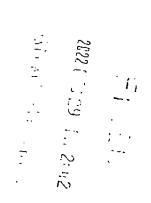
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A. RIVERS MAR - 9 2023



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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SAC XV LLC SUBJECT:	
(Name o	of Limited Liability Company)
The enclosed member, resignation or di	issociation and fee(s) are submitted for filing.
Please return all correspondence concer	rning this matter to:
Heather M. Reynolds, Esq.	
(Contact Person)	
Hathaway & Reynolds, PLLC	
(Firm/Company)	
50 ATA North, Suite 108	
(Address)	
Ponte Vedra Beach, Fl. 32082	
(City/State and Zip Code)	
For further information concerning this	s matter, please call:
Heather M. Reynolds, Esq.	904 280-5575 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made pay	rable to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahossee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, pl. 52544	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 o	f the Florida Department
of State is: SAC	XV LLC	13.77
	ment/registration number assigned to this limited liabil	ity company is:
Sally A. Carroll	mber/manager withdrew/resigned or will withdraw/resigned or will will withdraw/resigned or will will will will will will will wil	-71
Member	ame of Person Resigning)	
	Print Title)	
resignation in wri	A. Cau ML_ssociating Member or Resigning Manager	has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	