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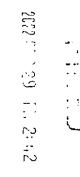
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A. RIVERS MAR - 9 2023

COVER LETTER

TO:	Registration Section Division of Corporations			
	SAC XVII C			
SUBJ	ECT: (Name of Limited Liability Company)			
The e	nclosed member, resignation or dis	-		
THE	nerosed member, resignation or dis.	sociation and icc	(s) are submitted for fitting.	
Please	e return all correspondence concern	ing this matter to) :	
Heathe	er M. Reynolds, Esq.			
	(Contact Person)		_	
Hathay	way & Reynolds, PLLC			
	(Firm Company)		_	
50 A1.	A North, Suite 108			
-	(Address)		_	
Ponte	Vedra Beach, Fl. 32082			
	(City/State and Zip Code)			
For fi	irther information concerning this n	natter inlease cal	1.	
. (// 10	more investment that is	naner, prease ear		
Heathe	er M. Reynolds, Esq.	904 at (280-5575)	
	(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)	
Enclo	sed please find a check made payat	ole to the Florida	Department of State for:	
= \$2	5 Filing Fee	□ \$55 Fili	ng Fee & Certified Copy	
	Mailing Address: Registration Section		Street Address: 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	



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 of State is: SAC	limited liability company as it appears on the records of the Florida Depa	finent
2. The Florida doce 1.21000403121	ument/registration number assigned to this limited liability company is:) 2
Cally A. Carroll	ember/manager withdrew/resigned or will withdraw/resign is: 12/31/2022	2: 1:2
Manager	tPrint Title)	
resignation in wr	bility company and affirm the limited liability company has been notified iting. A. Laurelle issociating Member or Resigning Manager	of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	