

L21000461066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

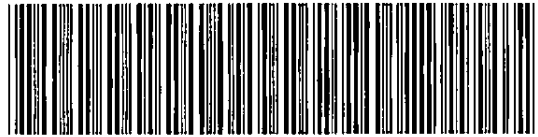
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600406290776

U.S. DEPARTMENT OF JUSTICE

FILED  
2023 APR 14 AM 7:33  
FBI - NEW YORK

6/20/2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SLATE KRATZ MANAGEMENT SERVICES 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:

Angela Kratz

(Contact Person)

Slate Kratz Management Services LLC

(Firm/Company)

3090 Dixie Hwy NE

(Address)

Palm Bay, FL 32905

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela Kratz

at ( 321 ) 725-9818

(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

FILED  
2023 APR 14 AM 7:33  
STATE  
TALL. ASSEE. FL

**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: SLATE KRATZ MANAGEMENT SERVICES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L21000461066

3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 17, 2023

4. I, Christina M. Slate, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AMBR

*(Print Title)*

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

Christina M. Slate

Signature of Dissociating Member or Resigning Manager

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