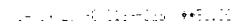
W9019140016

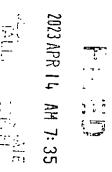
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of S	Status
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



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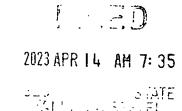
Exorging)

COVER LETTER

	ration Section		
Divisi	on of Corporations		
SUBJECT:	SLATE KRATZ MANAGEMENT	SERVICES LLO	С
-	(Name of Lin	nited Liability Co	oinpany)
The enclosed	member, resignation or dissoc	iation and fee	(s) are submitted for filing.
Please return :	all correspondence concerning	this matter to	:
Angela Kratz			
	(Contact Person)	<u> </u>	_
Slate Kratz Ma	nagement Services LLC		
	(Firm/Company)		_
3090 Dixie Hw	y NE		
	(Address)		<u> </u>
Palm Bay, FL 3	32905		
	(City/State and Zip Code)		_
For further inf	formation concerning this matt	er, please call:	:
Angela Kratz		321 at (725-9818
(Nar	me of Contact Person)		e & Daytime Telephone Number)
Enclosed pleas ■ \$25 Filing l	se find a check made payable t Fee		Department of State for: g Fee & Certified Copy
Registr Divisio P.O. Bo	Address: ration Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)





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 th	ne limited liability company as it appears on the records of the Florida Department
of State is:S	LATE KRATZ MANAGEMENT SERVICES LLC
2. The Florida do L21000461066	cumer.t/registration number assigned to this limited liability company is:
William D. Cla	member/manager withdrew/resigned or will withdraw/resign is: March 17, 2023
4. 1,(Print	, hereby withdraw/resign as a Name of Person Resigning)
AMBR	
	(Print Title)
of this limited li resignation in w	ability company and affirm the limited liability company has been notified of my riting.
de lue O	- Slate
Signature of D	Dissociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)