

L22000056484



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

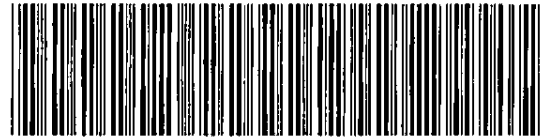
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000437070410

09/25/24--01009--034 \*\*55.00

2024 SEP 25 PM 1:38  
CLERK OF COURT  
HALL COUNTY, FL

*Law Offices of*  
**DAVID L. WECHT, ESQ., LLC**  
631 E. PALISADE AVENUE  
ENGLEWOOD CLIFFS, NEW JERSEY 07632  
201-266-8911 • Fax 201-266-8912  
david@wechtlaw.com

September 19, 2024

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

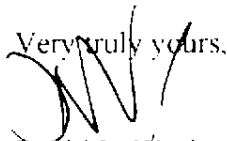
**Re: Silverback Consulting Group LLC**  
**Florida Registration No. L22000056484**

Dear Sir or Madam:

Enclosed please find the executed Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company in regard to the above referenced entity.

Kindly make the amendment delineated therein and return a Certified Copy at your earliest convenience. Please find a check payable to the Florida Department of State in the amount of \$55.00 for your Filing Fee and Certified Copy Fee.

Thank you. Please feel free to contact me with any questions or comments you may have.

Very truly yours,  
  
David L. Wecht

DLW/me

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Silverback Consulting Group 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:

David L. Wecht, Esq.

\_\_\_\_\_  
(Contact Person)

David L. Wecht, Esq., LLC

\_\_\_\_\_  
(Firm/Company)

100 East Olas Boulevard, Unit 2101

\_\_\_\_\_  
(Address)

Ft. Lauderdale, FL 33301

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

David L. Wecht, Esq.

201 266-8911  
at ( )

\_\_\_\_\_  
(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: Silverback Consulting Group LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L220000056484

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/17/2024

4. I, David Romeo, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR and Member  
  
*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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

2024 SEP 25 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FL