L22000107182

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	J. HOR	NE
	JUL 20	2022

Office Use Only



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05/16/22--01015--005 ++25.00

2022 MAY 16 AM II: 2

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Secler 2 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:
Silvere (Contact Person)
Simul Source LLC (Firm/Company)
1750 N bay shore dr opt 5208
Miami FL 33132 (City/State and Zip Code)
For further information concerning this matter, please call:
Silvanc Vance at (486) 631 0406 (Area Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{Filing Fee}\$ \$\sum \\$55 \text{Filing Fee & Certified Copy}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314





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)

	See $\ker 2$ LLC
2. The Florida do	cument/registration number assigned to this limited liability company is:
4. 1. <u>Silvano</u>	nember/manager withdrew/resigned or will withdraw/resign is: 05 09 20 22 C. Voyce, hereby withdraw/resign as a Name of Person Resigning)
A	1BR (Print Title)
of this limited l resignation in v	iability company and affirm the limited liability company has been notified of my vriting.
	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)