## Lzz 000 194 942

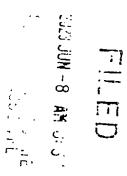
(Requestor's Name)						
(Address)						
(Address)						
(Crty/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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## **COVER LETTER**

Divi	sion of Corporations				
SUBJECT:	SLATE CAPITAL GROUP LLC				
SUBJECT.	(Name of Limited Liability Company)				
The enclose	d member, resignation or diss	sociation and fee	(s) are submitted for filing.		
Please return	n all correspondence concern	ing this matter to	5		
John Saible					
	(Contact Person)		<del></del> -		
SLATE CAPI	TAL GROUP LLC				
	(Firm/Company)				
4878 Tivoli D	rive				
	(Address)		_		
Wesley Chape	el, FL, 33543				
	(City/State and Zip Code)				
For further i	information concerning this n	natter, please call	<b>:</b>		
John Saible		732 at (	995-0483		
1)	Name of Contact Person)		le & Daytime Telephone Number)		
-	ease find a check made payat				
□ \$25 Filin	ng Fee	■ \$55 Filir	ng Fee & Certified Copy		
<u>Mail</u>	ing Address:		Street Address:		
Registration Section			Registration Section		
Division of Corporations			Division of Corporations		
	Box 6327		The Centre of Tallahassee		
Ialli	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

**TO:** Registration Section



## 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)

SLAT	limited liability company as		of the Florida Dep	partment	
2. The Florida doc	ument/registration number ass	signed to this limited liabi	lity company is:		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/res	ign is:	<del></del>	
4. I, John Saible (Print N	ame of Person Resigning)	, hereby withdraw/resign as a			
Member	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	y has been notifie	d of my	
John	4		r :		
Signature of D	issociating Member or Resign	ning Manager			
<b>~</b>	\$25.00 (Required) \$30.00 (Optional)			-	