## 122000506202

(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:				

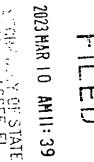
Office Use Only



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Steven Snyder 4629 Bayshore Drive Unit J5 Naples, FL 34112

February 28, 2023

Mr. Jerold Cibley Managing Member SWFL Closet Man, LLC 2294 Marquesa Circle Naples, FL 34112

Dear Mr. Cibley:

Please accept my resignation as a member of SWFL Closet Man, LLC. I have signed the appropriate forms that will be sent to the Florida Department of Corporations as required by law.

Sincerely yours,

Steven Snyder



## 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: SWFI	Closet Man, LLC			
2. The Florida docu L22000506202	iment/registration number as	ssigned to this limited liability c	ompany is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is	:	
4. I, Steven Snyder (Print N	ame of Person Resigning)	, hereby withdraw/resign a	/ithdraw/resign as a	
Member				
	(Print Title)			
resignation in wr	oility company and affirm the iting.  ssociating Member or Resignation	ne limited liability company has	MAR 10 RE GREY LLABOAS	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	Ţ C	AMII: 39 OF STATE SEE, FL	

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SWFL Closet Man, LLC SUBJECT:		
(Name of L.	imited Liability C	ompany)
The enclosed member, resignation or disso	ociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to	o:
Jerold Cibley		
(Contact Person)		
SWFL Closet Man, LLC		
(Firm/Company)		
2294 Marquesa Circle		
(Address)		<del>_</del>
Naples, FL 34112		
(City/State and Zip Code)	_	
For further information concerning this ma	itter, please cal	1:
Jerold Cibley	617 at (	828-3636 )
(Name of Contact Person)	(Area Coo	le & Daytime Telephone Number)
Enclosed please find a check made payable		•
■ \$25 Filing Fee	□ \$55 Filii	ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section	Registration Section	
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)