L23000019882

(Requestor's Name)
,
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zip/Fillotte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. HORNE JUN 2 4 2024
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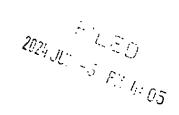
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COVER LETTER

TO: Registration Section Division of Corporations		
SI Home Loans, LLC SUBJECT:		
	Limited Liability Co	mpany)
The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:	:
Daniela Izaguirre		
(Contact Person)		_
SI Home Loans, LLC		
(Firm/Company)		_
7714 Cedarhurst Ln.		
(Address)		_
Tampa, FL 33625		
(City/State and Zip Code)		_
For further information concerning this m	atter, please call	:
Daniela Izaguirre	813 at (453-3326)
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payab \$\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{		Department of State for: g 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

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 the	limited liability company as it appears on the records of the Florida Departm
of State is: SI Ho	me Loans, LLC
2. The Florida docu L23000019882	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I,	en, hereby withdraw/resign as a, and gradient and gradient are a gradient as a gradient are a gradient are a gradient are a gradient as a gradient are
COO (Print N	ame of Person Resigning)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of a iting.
(hor) s	8
Signature of D	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)