

1705000002850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

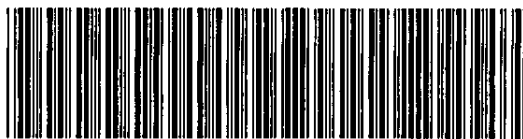
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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J. BRYAN JAN 29 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLENDER LIFE HEALTH NAPLES LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFF WHITE
(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

SL MANAGEMENT, LLC
UPS STORE 3056 • BOX 115
5665 GA HWY 9, STE. 103
ALPHARETTA, GA 30004

For further information concerning this matter, please call:

JEFF WHITE at (678) 648 3215
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32304

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

SLENDER LIFE HEALTHY NAPLES LLC
(Name of limited liability company)

NEVADA
(Jurisdiction of its organization)

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

(Mailing address) **SL MANAGEMENT, LLC**
UPS STORE 3056 • BOX 115
5665 GA HWY 9, STE. 103
ALPHARETTA, GA 30004

(City/State/Zip)

Jeffery S White mgr.
(Signature of member or authorized representative of a member)

JEFFERY D WHITE
(Typed or printed name of signee)

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DIVISION OF CORPORATIONS
07 JAN 26 PM 12:40

Filing Fee: \$25.00