

M12000006442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

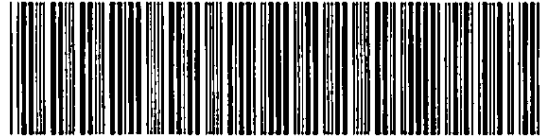
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
CLERK OF THE COURT

K SALY
SEP 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLC PROFESSIONALS CHAI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M12000006442

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Abbey Lane-Sulton
Name of Person

TRAC - THE REGISTERED AGENT COMPANY
Name of Firm/Company

715 Saint Paul Street
Address

Baltimore, MD 21202
City/State and Zip Code

alanesulton@tracagents.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelli Puller at (800) 564-5300
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

FILED
2017 SEP 18 PM 3:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

TRAC - THE REGISTERED AGENT COMPANY, hereby resigns as

Name of Registered Agent

Registered Agent for SLC PROFESSIONALS CHAI, LLC

Name of Limited Liability Company

M12000006442

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Kelli Puller

Typed or Printed Name
Vice President

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314