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COVER LETTER

TO:	_	stration Section		
	DIVIS	sion of Corporations		
SUBJ	ECT:	Red Pompano, LLC		
		(Name of Li	mited Liability Co	ompany)
The e	nclosed	d member, resignation or disso	ciation and fee((s) are submitted for filing.
Please	returi	n all correspondence concerning	g this matter to	:
Thoma	ıs T. Co	on, Jr., Esq.		
		(Contact Person)		_
Capsto	ne Title	Partners, LLC		
		(Firm/Company)		_
888 S.	Andrew	rs Avenue, Suite 204		
		(Address)		_
Fort La	auderdal	le, FL 33316		
		(City/State and Zip Code)		_
For fu	irther i	nformation concerning this ma	tter, please call	:
Thoma	is T. Co	on, Jr., Esq.	954 at (467-9899
	(N	lame of Contact Person)		e & Daytime Telephone Number)
	-	case find a check made payable		-
■ \$2.	5 Filin	g Fee	🗆 \$55 Filir	ng Fee & Certified Copy
		ng Address:		Street Address:
	_	stration Section sion of Corporations		Registration Section Division of Corporations
		Box 6327		The Centre of Tallahassee
	Talla	hassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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)

	limited liability company as it appears on the records of the Florida Department
2. The Florida doc L12000140925	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: March 6, 2020
4. I. D. Douglas Hill,	CPA, Trustee Jane W. DePadro Trust hereby withdraw/resign as a fame of Person Resigning)
(Print N	iame of Person Resigning)
Member	
-	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
	\$30.00 (Optional)