

L2 3 0000 83638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

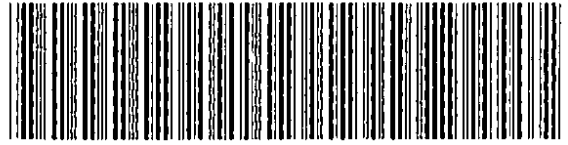
(Business Entity Name)

(Document Number)

Certific Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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07/28/23--01007--007    \*\*25.00

2023 JUL 28 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

A handwritten signature in black ink, consisting of a large, stylized cursive letter 'd' followed by a horizontal stroke.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COLLECTORS CAPITAL LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jordi Ricart  
\_\_\_\_\_  
(Contact Person)

COLLECTORS CAPITAL LLC  
\_\_\_\_\_  
(Firm/Company)

2100 NE 2ND ST  
\_\_\_\_\_  
(Address)

Miami, Florida. Zip 33137  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ernesto Flores at ( 786 ) 3123588  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee  \$55 Filing 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

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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: COLLECTORS CAPITAL LLC

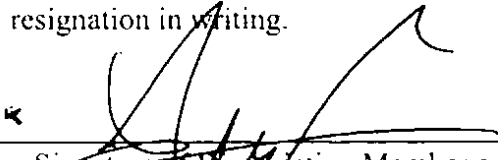
2. The Florida document/registration number assigned to this limited liability company is:  
L23000083638

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/25/2023

4. I, CASIMIR SEED LLC, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

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of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager  
Jordi Ricart

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)