# T00000080919

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Wrong - John
Office Use Only



200278001582

10/15/15--01003--002 \*\*35.00

15 0CT 16 PH 2: 1

THE COLOR PHIS

OCT 28 2015

**3 MASON** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2015

CLIFFORD WILDES 4860 SADDLE OAK TRAIL SARASOTA, FL 34241

SUBJECT: CONCORDIUS CAPITAL ADVISORS, LLC

Ref. Number: L06000080272

We have received your document for CONCORDIUS CAPITAL ADVISORS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 115A00021999

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314 10/10/2015

#### To Whom it may concern

This letter is to confirm that I Clifford Wildes have resigned as Managing Member of Concordius Capital Advisors LLC effective 10/8/2015 and the company has made the changes on the electronic filings on line at Sunbiz

Concordius Capital Advisor LLC info with Sunbiz

Document NumberL06000080272 FEI/EIN Number46-2767488

Regards

**Clifford Wildes** 

4860 Saddle Oak Trail

Sarasota Florida 34241

\$35.00 CHech # 205"
Enclosed

#### **COVER LETTER**

SUBJECT: CINCORdius Capital ADUSONS CLO							
(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:							
KETTH KRUESER							
(Contact Person)							
Concordius Capital Aduraces LCC (Firm/Company)							
(Firm/Company)							
P.O. Box 35 181  (Address)							
(Address)							
ST Peters Bus FL 337/2 (City/State and Zip Code)							
For further information concerning this matter, please call:							
(Name of Contact Person) at (SOI) 350 5365 (Area Code & Daytime Telephone Number)							
Englosed please find a check made payable to the Florida Department of State for							

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

\$25 Filing Fee

TO:

Registration Section
Division of Corporations

MAILING ADDRESS:

□ \$55 Filing Fee & Certified Copy

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



### 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	y as it appears or	the records of	the Florida Depa	artment
	on Condius				·
2. The Florida docu	ument/registration number	er assigned to thi	s limited liabilit	ty company is:	
	000 802 72				,
3. The date this me	mber/manager withdrew	resigned or will	withdraw/resig	n is: <u>/0/11</u> /	2015
4. I,	ame of Person Resigning)	, hereby	y withdraw/resig	gn as a	
MANAG	(Print Title)	soc.			-
	bility company and affire	m the limited liab	oility company h	nas been notified	ofmy
Signature of Di	ssociating Member or R	esigning Manage	er		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	previous by	PAID	2015 OCT 27 P 1:	
CR2E079 (2/14)				357 5	