

L070000 53011

(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:

Office Use Only



000108666060

09/05/07--01025--011 \*\*55.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 24 PM 3:47

43981

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Capital Mortgage of Florida, LLC  
Marc  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Marc Tatarcuk

(Contact Person)

Capital Mortgage of Florida, LLC

(Firm/Company)

1287 University Dr

(Address)

Coral Springs, FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Marc Tatarcuk

(Name of Contact Person)

at ( 954 ) 346-4815

(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

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 6, 2007

MARC TATARCUK  
CAPITAL MORTGAGE OF FLORIDA, LLC  
1287 UNIVERSITY DR  
CORAL SPRINGS, FL 33071

SUBJECT: CAPITAL MORTGAGE OF FLORIDA, LLC  
Ref. Number: W07000043981

RECEIVED  
07 SEP 24 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CAPITAL MORTGAGE OF FLORIDA, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with 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) 245-6855.

Tammy Hampton  
Document Specialist  
Registration/Qualification Section

Letter Number: 007A00053094



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Capital Mortgage of Florida, LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
L07000053011

4. I, Robert Stott, PA, hereby resign as a MGR  
*(Print Name of Person Resigning)* *(Print Title)*

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

[Signature]  
Signature of Resigning Member, Managing Member or Manager

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 24 PM 3:47