

LO7000063742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

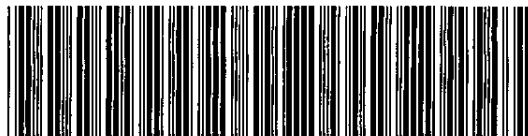
(Document Number)

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TALLAHASSEE, FLORIDA

DB

11-28

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEW CAPITAL MORTGAGE LLC
(Name of Corporation)

DOCUMENT NUMBER: L07000063742

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALONSO, SORAIMA M

(Name of Person)

(Name of Firm/Company)

12550 BISCAYNE BLVD # 310

(Address)

NORTH MIAMI , FL. 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

MONICA POSIN

(Name of Person)

at (305) 895 4116

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2007

SORAIMA M. ALONSO
12550 BISCAYNE BLVD., #310
NORTH MIAMI, FL 33181

SUBJECT: NEW CAPITAL MORTGAGE LLC
Ref. Number: L07000063742

We have received your document for NEW CAPITAL MORTGAGE 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 707A00064313

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TALLAHASSEE, FLORIDA



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: New Capital Mortgage 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:

4. I, Soraiya Alonso, hereby resign as a Member
(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.

Soraiya Alonso

Signature of Resigning Member, Managing Member or Manager

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

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