L10000000357

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
i.				

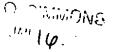
Office Use Only



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COVER LETTER

_	sion of Corporations		
SUBJECT:	Distressed Capital II, LLC		
00002011	(Name of Limite	d Liability Con	npany)
The enclosed	d member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return	all correspondence concerning th	is matter to:	
John M. Mo	organ		
	(Contact Person)		-
John M. Mo	organ, Attorney at Law		
	(Firm/Company)		-
8911 Danie	els Pkwy, Ste 6		
	(Address)		-
Fort Myers	, Florida 33912		
	(City/State and Zip Code)		-
For further in	nformation concerning this matter	, please call:	
John M. Mo	organ	239	454-0572
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple □ \$25 Filing	ease find a check made payable to g Fee		Department of State for: Fee & Certified Copy
-	OURIER ADDRESS:		MAILING ADDRESS:
Registration			Registration Section Division of Corporations
Clifton Build	Corporations		P.O. Box 6327
	ding tive Center Circle		Tallahassee, Florida 32314
	Florida 32301		

CR2E079 (2/14)



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)

		ట్
	limited liability company as ressed Capital II, LLC	s it appears on the records of the Florida Department
2. The Florida doc	•	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
4. l	raan	hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr	· -	ne limited liability company has been notified of my
Signature of D	issociating Member or Resig	ning Manager
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	