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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLING RILEY & SCARBOROUGH LLP.

Account Number : I20160000074 Phone : (407)839-4277
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## LLC REGISTERED AGENT RESIGNATION ENGLISH CAPITAL, LLC

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3/7/2019

## **COVER LETTER**

Division of Corporations	
SUBJECT: ENGLISH CAPITAL, LLC	
Name of Limited DOCUMENT NUMBER: L11000086090	Liability Company
The enclosed Resignation of Registered Agent for a for filing.	
Please return all correspondence concerning this ma	atter to the following:
Holly L. Collins, Esq.	
Name of Person	
Nelson Mullins Broad and Cassel	
Name of Firm/Company	
390 N. Orange Avenue, Suite 1400	
Address	<del></del>
Orlando, FL 32801	3
City/State and Zip Code	•
	¥.
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, plea	se call:
Holly L. Collins, Esq.	07 839-4200 Trea Code Daytime Telephone Number
Name of Person A	rea Code Daytime Telephone Number
Enclosed is a check made payable to the Florida De liability company or \$25.00 for an administratively liability company.	partment of State for \$85.00 for an active limited dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS: Registration Section Division of Corporations	STREET ADDRESS: Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
· with the same of	Tellabasses El 32301

INHS17 (2/14)

Fax Server

## STATEMENT OF RESIGNATION OF REGISTERED AGENT

FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 60	05.0115, Florida Statutes, the undersigned,
B&C CORPORATE SERVICES	OF CENTRAL FLORIDA, I, hereby resigns as
Name of Register	red Agent
Registered Agent for ENGLISH CA	PITAL, LLC
	e of Limited Liability Company
	· · · · · · · · · · · · · · · · · · ·
L11000086090	
Document Number, if known	<del></del>
A copy of this resignation was mailed	to the above listed limited liability company at its last known address
The agency is terminated and the office BSC CORPOR	e discontinued on the 31st day after the date on which this statement is filed. ATE SERVICES OF CENTRAL FLORIDA, INC.
Ву:	The state of the s
	Signature of Resigning Agent .
If signing on behalf of an entity:	
- •	 Д
Peter A.	Schoemann Typed or Printed Name
Vice Pros	••
	Cnpacity
\$ 3	LING FEES: 15.00 Active limited liability company 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tullahassee, FL 32314