## L110000086147

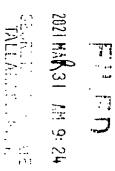
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Office Use Only



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## **COVER LETTER**

Division of Corporations		
Mountain Capital, LLC		
(Name of Limited Liability C	Company)	
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.	
Please return all correspondence concerning this matter to	o:	
Jay M. Fisher		
(Contact Person)	<del></del>	
Mountain Capital, LLC		
(Firm/Company)		
1501 The Oaks Drive		
(Address)	_	
Maitland, FL 32751		
(City/State and Zip Code)		2021
For further information concerning this matter, please cal		<b>美</b>
Jay M. Fisher 407	310-3611	2021 HAK 31 AM 9: 2
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida  ■ \$25 Filing Fee  □ \$55 Filing	a Department of State for: ling Fee & Certified Copy	: 24
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	:10



## 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)

	limited liability company as	it appears on the records of the Flo	orida Department
	ument/registration number as	ssigned to this limited liability comp	pany is:
L11000086147	mber/manager withdrew/res		ecember 31, 2020
	_	, hereby withdraw/resign as a	
Manager	(Print Title)		
of this limited lia resignation in wr		ne limited liability company has bee	n notified of my
	5		2021 MAR 3
Signature of I	ssociating Member or Resig	ming Manager	83
	\$25.00 (Required) \$30.00 (Optional)		AH 9: 21