## L11000108285

(Re	equestor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100260096871

05/23/14--01009--009 \*\*25.00



JUN 0 9 2014 C. CARROTHERS

N. Gulligan JUN 3 - 2014

## **COVER LETTER**

Division of Corporations			
SUBJECT: Washington Ca	OITAL GROUP, LCC		
(Name of Limited Liability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to:		
Craig M. Dorne (Contact Person)			
Craig M. Dorne P.A. (Firm/Company)	<u>-</u>		
3132 Ponce de Leon	Blud.		
Caral Gables, F. 3313 (City/State and Zip Code)	34		
For further information concerning this matter, please call:			
(Name of Contact Person)	at (305) 531-7890 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for:  \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ Filing Fee & Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

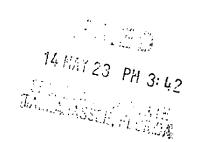
2661 Executive Center Circle

Tallahassee, Florida 32301

**TO:** Registration Section







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the records of the Florida Department
of State is:	Nashington Cax	istal Group, LC
2. The Florida docu	ument/registration number as	signed to this limited liability company is:
_L1100	0108285	
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: 01/15/14
_		, hereby withdraw/resign as a
<u>Mar</u>	MgEr (Print Title)	
of this limited lial resignation in yer		e limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ning Manager
•	\$25.00 (Required) \$30.00 (Optional)	State or Flondia Clenty or Man. Dade ELIZABETH D. MONTEALEGRE Notary Public - State of Florida