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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL.
	siness Entity Nar	<u></u>
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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JUL 23 2014

C. CARRUHILLES



June 17, 2014

CAPE LIGHT REALTY 7345 SAND LAKE RD SUITE 203 ORLANDO, FL 32819

SUBJECT: CAPE LIGHT REALTY LLC.

Ref. Number: L11000132668

We have received your document for CAPE LIGHT REALTY LLC. and check(s) totaling \$. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 314A00013122

Cathy A Carrothers Regulatory Specialist

www.sunbiz.org

CAPE LIGHT REALTY
1945 SAND LAKE 2D
SUITE 203
DELANDO, TY 32819

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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)

1. The name of the	limited liability company as it appears on the recor	rds of the Florida Department
of State is:	CARE LIGHT REALTY, L.E.	. C.
2. The Florida doc	ument/registration number assigned to this limited l	liability company is:
_1100	0132668	
	ember/manager withdrew/resigned or will withdraw. Let H. S. La Ference, hereby withdraw. Jame of Person Resigning)	- ,————————————————————————————————————
MANAG	ER (Print Title)	
of this limited lial resignation in wri	bility company and affirm the limited liability compiting.	pany has been notified of my
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	