

L120000006LB1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

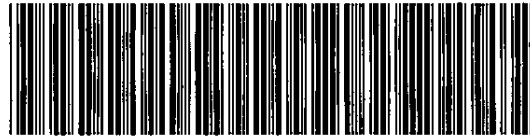
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
14 JUN 17 10 08 AM

Res/mbw
@ 6/18/14

COVER LETTER

RECEIVED

14 JUN 16 PM 2:40

TO: Registration Section
Division of Corporations

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: Cape Coral Soccer Clubs LLC
(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:

Jon P Terrasi
(Contact Person)

(Firm/Company)

2125 SW 15th St.
(Address)

Cape Coral , FL 33991
(City/State and Zip Code)

For further information concerning this matter, please call:

Jon P. Terrasi at (239) 677-8752
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

*****PLEASE NOTE: THIS IS A CORRECTION TO THE ORIGINAL DOCUMENTS**

MAILED IN WITH THE FEE. THE FEE SHOULD BE CREDITED TO US ALREADY.**

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2014

JON P. TERRASI
CAPE CORAL SOCCER CLUBC, LLC
P.O. BOX 150968
CAPE CORAL, FL 33915

SUBJECT: CAPE CORAL SOCCER CLUBS, LLC
Ref. Number: L12000006631

We have received your document for CAPE CORAL SOCCER CLUBS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton
Regulatory Specialist II

Letter Number: 714A00011729



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14 JUN 17 2:18 PM

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 records of the Florida Department of State is: Cape Coral Soccer Clubs, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L12000006631

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/15/14

4. I, Luis O. Tapia, hereby withdraw/resign as a
(Print Name of Person Resigning)

Director
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

LUIS O. TAPIA

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

****PLEASE NOTE: THIS IS A CORRECTION THAT WAS REQUESTED BY THE STATE OF THE ORIGINAL PAPERWORK MAILED IN WITH THE FEE. WE WERE TOLD THE FEE IS ON CREDIT FOR US, SO WE WOULD NOT NEED TO MAIL IN ANOTHER FEE FOR SAID CHANGE REQUEST.**