## L120000000001

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Document Number)		
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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

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CR2E079 (2/14)

**TO:** Registration Section Division of Corporations

0014	ľ.O	111 2	2:40
	 		TENNS

SUBJECT:	Cape Coral Soccer Clubs LL0	0	
	(Name of Limit	ed Liability Com	pany)
The enclosed	member, resignation or dissocia	tion and fee(s)	are submitted for filing.
Please return	all correspondence concerning th	nis matter to:	
Jon P Terra	si		
	(Contact Person)		-
	(Firm/Company)		-
2125 SW 15	5th St.		
	(Address)		-
Cape Coral	, FL 33991		
	(City/State and Zip Code)	<del></del>	•
For further in	formation concerning this matte	r, please call:	
Jon P. Terra	asi	239	677-8752
(Na	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
\$25 Filing ***PLEAS MAILED STREET/CO Registration : Division of C Clifton Build 2661 Executi	E NOTE: THIS IS A CORRECTION WITH THE FEE. THE FEE SOURIER ADDRESS: Section Corporations	□ \$55 Filing ON TO THE 0	Fee & Certified Copy ORIGINAL DOCUMENTS



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.

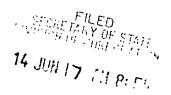
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Irene Albritton Regulatory Specialist II

Letter Number: 714A00011729





## 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)

2. The Florid	a document/registration nu	mber assigned to this limited liability company is:
L120000	06631	
3. The date the	nis member/manager withd	rew/resigned or will withdraw/resign is: 4/15/14
4. I. Luis O.	Tapia	, hereby withdraw/resign as a
(	Print Name of Person Resigning	) , notoby withdraw toolgil as a
Director		
	(Print Title)	·
of this limit resignation		ffirm the limited liability company has been notified of my
2	LUNS O. TAP	MA
Signature	of Dissociating Member of	r Resigning Manager

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

\$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.