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TO:

Registration Section

Tallahassee, Florida 32301

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Division of Corporations SOUTHEAST CAPITAL INVESTMENT GROUP, 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: William G. Allen (Contact Person) SOUTHEAST CAPITAL INVESTMENT GROUP, LLC (Firm/Company) 226 Sydney Lane (Address) Redington Shores, FL 33708 (City/State and Zip Code) For further information concerning this matter, please call: William G. Allen (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314



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)

	DUTHEAST CAPITAL INVES	it appears on the records of the Florida Department
	cument/registration number ass	signed to this limited liability company is:
3. The date this m	nember/manager withdrew/resi	gned or will withdraw/resign is:
4. I,S. (Print	Allen Name of Person Resigning)	, hereby withdraw/resign as a
Manager		
of this limited li		limited liability company has been notified of my
	rappered au	llen
	Dissociating Member or Resign	ing Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
COLLITION CODY:	JULUU (UDIIONAI)	