

L12000140925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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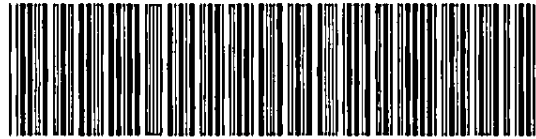
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ALABAMA SECRETARY OF STATE

MAR 31 2020

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Red Pompano, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L12000140925

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas T. Coon, Jr., Esq.  
Name of Person

Capstone Title Partners, LLC  
Name of Firm/Company

888 S. Andrews Avenue, Suite 204  
Address

Fort Lauderdale, FL 33316  
City/State and Zip Code

thomas@capstonetitlepartners.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas T. Coon, Jr., Esq.      954      467-9899  
Name of Person      at (      )      Area Code      Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Veronica J. DePadro \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Red Pompano, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L12000140925

\_\_\_\_\_  
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
Signature of Resigning Agent

If signing on behalf of an entity:

Veronica J. DePadro

\_\_\_\_\_  
Typed or Printed Name

Managing Member

\_\_\_\_\_  
Capacity

### FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA