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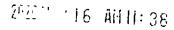
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COVER LETTER

TO:		ation Section			
	Divisid	n of Corporations			
SUBJI	JECT: _	ed Pompano, LLC			
		(Name of Limited Liability Company)			
The e	nclosed r	 nember, resignation or dissocia 	ation and fee(s) are submitted for filing.	
Pleas	e return a	 description description	his matter to:		
Thoma	as T. Coon,	Jr., Esq.			
		(Contact Person)		_	
Capste	one Title Pa	urtners, LLC			
		(Firm/Company)		_	
888 S.	Andrews 7	evenue, Suite 204			
		(Address)		_	
Fort L	anderdale,	 			
		(City/State and Zip Code)		_	
For fi	irther info	 ormation concerning this matte	r. please call:		
Thoma	as T. Coon,]r., Esq.	954 at (467-9899	
	(Nan	ne of Contact Person)	· ·	e & Daytime Telephone Number)	
Enclo	sed pleas	find a check made payable to	the Florida I	Department of State for:	
	5 Filing 1			g Fee & Certified Copy	
	Registr Divisio P.O. Bo	Address: ation Section of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)





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)

	the limited liability company as it appears on the records of the Florida Department
of State is: Re	ed Pompano, LLC
2. The Florida d	locument/registration number assigned to this limited liability company is:
3. The date this	member/manager withdrew/resigned or will withdraw/resign is: March 6, 2020
and the second second	N TV 1
(Pri	, hereby withdraw/resign as a nt Name of Person Resigning)
Managing Me	
·	(Print Title)
of this limited resignation in	liability company and affirm the limited liability company has been notified of my writing.
1/20	Som har
Signature of	Dissociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

CR2E079 (2/14)