L12000157605

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

Division of Corporations				
SUBJECT: TERRA FIRMA CAPITAL MANAGEMENT, LLC				
(Name of Limit	ted Liability Cor	mpany)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
ANNE M. GARCIA				
(Contact Person)		_		
TERRA FIRMA CAPITAL MANAGEMEN	T, LLC			
(Firm/Company)		_		
12790 SO. DIXIE HIGHWAY				
(Address)		-		
MIAMI, FL 33156				
(City/State and Zip Code)	- "	_		
For further information concerning this matter, please call:				
ANNE M. GARCIA	239	220-3050		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g Fee & Certified Copy		
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		

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)

	• • • •	opears on the records of the Florida Department
of State is:	RRA FIRMA CAPITAL MANAG	
2. The Florida docu L1200015760		ed to this limited liability company is:
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is:
10 41 1410 145	EDEROS Name of Person Resigning)	
MGR	vame of Person Kesigning)	
	(Print Title)	
resignation in wr	riting.	nited liability company has been notified of my
Signature of D	issociating Member or Resigning	Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	