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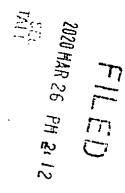
(Requestor's Name)					
(Address)	_				
` <i>'</i>					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<u> </u>					

Office Use Only



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COVER LETTER

TO: Registration Section

Division of Corporations				
SUBJECT: RESIGNATION AS MEMBER				
DOCUMENT NUMBER: CC 62987/2897				
The enclosed Notice of Limited Liability Company Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following: CHARLES BROCK				
(Name of Contact Person) GRACE CAPITAL MANAGEMENT GROUP LL-C				
9896 ROOKERY CIRCLE ESTERO FL. 33928				
9896 ROOKERY CIRCLE ESTERO FL. 33928 (Address) ESTER FL. 33928				
(City/State and Zip Code)				
For further information concerning this matter, please call: CHARLES BROGL at (239) 405-1550 (Name of Contact Person) (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount:				
S25 Filing Fee \$\sum \subseteq \\$30 Filing Fee \& \sum \subseteq \subseteq \subseteq \\$55 Filing Fee \& \subseteq \\$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Copy (Additional copy is enclosed)				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
Tallahassee, FL 32303				



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)

1. The name of the lin of State is: <u>GR</u>	nited liability company as ACE CAPITAL	s it appears on the recor	rds of the Florida T BROUP	Department	
3. The date this mem! 4. I, ROSE E (Print Nam MEM	e of Person Resigning)	·	/resign is: <u>3 /</u> 2	y is: 20 / 20 / 20 / 20 / 20 / 20 / 20 / 20	
	ity company and affirm th	ne limited liability comp	pany has been no	otified of my	
Filing Fee:	ociating Member or Resigns \$25.00 (Required)	gning Manager			
Certified Copy:	\$30.00 (Optional)				