

L13000168543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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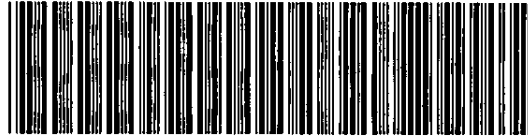
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 4 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SECURED CAPITAL FUND III, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L13000168593

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:

DERICK PROCTOR
Name of Person

SECURED CAPITAL FUND III, LLC
Name of Firm/Company

5923 OLD CHERRY HIGHWAY
Address

ORLANDO, FL 32807
City/State and Zip Code

DERICK PROCTOR @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DERICK PROCTOR at (321) 217-3170
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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

Glenn M. Vitale

Name of Registered Agent

, hereby resigns as

Registered Agent for SECURED CAPITAL FUND III, LLC

Name of Limited Liability Company

L19000168593

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:

Glenn M. Vitale

Typed or Printed Name

REGISTERED AGENT

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**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP -3 AM 10: 09

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