

LS000042139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500318195225

09/10/18--01018--020 \*\*50.00

SEP 10 PM 2:31

2139

D SCOTT  
SEP 14 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Freedom Capital Partners LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ernest K. Jacquet

(Contact Person)

Freedom Capital Partners LLC

(Firm/Company)

14 Little Pond Rd. Manalapan

(Address)

Lantana FL 33462

(City/State and Zip Code)

For further information concerning this matter, please call:

Ernest K. Jacquet

(Name of Contact Person)

at ( 617 ) 840 7007

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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



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 limited liability company as it appears on the records of the Florida Department of State is: Freedom Capital Partners LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000042139


3. The date this member/manager withdrew/resigned or will withdraw/resign is: Sept 5 2018

4. I, Peter A Vercouteren, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGR

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)