

LL5000 140 718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

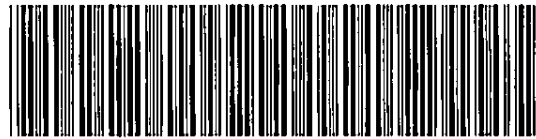
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600342753906

01/06/20--01011--001 **50.00
75.00

S TALLEY
APR 21 2021

2020 APR -6 AM 10:42

MISS/KRIS
M/M

MEMBERSHIP TRANSFER AGREEMENT
FROM ESPINAL TO BUCKHEAD CAPITAL

EXHIBIT D
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11D TEAM 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:

SANDRA YORK

(Contact Person)

SANDRA YORK, PLLC

(Firm/Company)

1111 BRICKELL AVENUE, #2200

(Address)

MIAMI, FLORIDA 33131

(City/State and Zip Code Person)

For further information concerning this matter, please call:

SANDRA YORK

(Name of Contact Person)

at (305) 229-888

(Area Code & Daytime Telephone Number)

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

☒ \$25 Filing Fee

☐ \$55 Filing Fee

Mailing Address

Registration Section
Division of Corporations P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MEMBERSHIP TRANSFER AGREEMENT
FROM ESPINAL TO BUCKHEAD CAPITAL



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: 11D TEAM LLC

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

L15000140718

3. The date this member/manager withdrew/resigned or will withdraw/resign is 3/04/2020

4. I, ERICK ESPINAL hereby withdraw/resign as a

(Print Name of Person Resigning)

AUTHORIZED MEMBER

(Print Title)

of this limited liability company and affirm the 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)

2020 APR -6 AM 10:42