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SECRETARY OF STATES

J. HARRIS

## **COVER LETTER**

Division of Corporations	
SUBJECT: 1311 SE 3, LLC	
	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Thomas T. Coon, Jr.	
(Contact Person)	
Capstone Title Partners, LLC	
(Firm/Company)	
888 S. Andrews Avenue, Suite 204	
(Address)	
Fort Lauderdale, FL 33316	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Thomas T. Coon, Jr.	954 467-9899
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee	the Florida Department of State for:  \$\Bigsim \\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, rionaa 52514

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)

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee:

Certified Copy: