## 116000091746

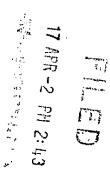
(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Whitley Capital 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:				
Stephen Whitley (Contact Person)				
Whitley Capital (Firm/Company)				
1230 Lakeview Drive (Address)				
Winter Park FL 32789 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Stephen Whitley at (407) 383-5706 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for:  \$\subseteq \\$25 \text{ Filing Fee & Certified Copy}\$\$				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				

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)

1. The name of the	limited liability company as it ap	pears on the records of the Florida Department	
of State is:	Whitley Capital	LLC.	
	ment/registration number assigna )0091746	ed to this limited liability company is:	
3. The date this mer	mber/manager withdrew/resigned	or will withdraw/resign is: 4-1-17	
4. I, Jennife Prini No	r Whitley ame of Person Resigning)	, hereby withdraw/resign as a	
Authoriza	ed Representative (Print Title)		
of this limited liab resignation in writ	oility company and affirm the lim	ited liability company has been notified of my	I I
Signature of Dis	ssociating Member or Resigning	Manager 2:43	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		
condition copy.	ψουσο (Optional)		