## L17000004759

(Requestor's Name)					
(Address)					
(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:					

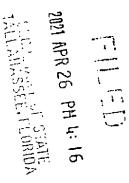
Office Use Only



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## **COVER LETTER**

TO:	Registration Section				
	Division of Corporations	·			
SUBJ	AM CAP YIELD LLC				
	(Name of	f Limited Liability Company)			
The e	nclosed member, resignation or dis	ssociation and fee(s) are submitted for filing.			
Please	e return all correspondence concern	ning this matter to:			
John V					
	(Contact Person)				
AM C	AP YIELD LLC				
	(Firm/Company)				
3960 w	villow trail run C-12				
	(Address)				
Port O	range.Fl. 32127				
<del></del>	(City/State and Zip Code)				
For fu	urther information concerning this i	matter, please call:			
Brian I	Fay POA	321 282-1055 at ()			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclo	sed please find a check made paya	ble to the Florida Department of State for:			
<b>=</b> \$2.	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy			
	Mailing Address:	Street Address:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	ranandssee, fl 32314	2413 IN. Monroe Street, Stiffe 810			

Tallahassee, FL 32303





## 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)

	limited liability company as	·	of the Florida Department
	ument/registration number a		lity company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resi	04/09/2021 ign is:
WHAT STATE			
Manager	(Print Title)		
resignation in wr	bility company and affirm thiting.  Sociating Member or Resignation		2021 APR 26
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 4: 16 OF STATE OF LORID