

L17 000083032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

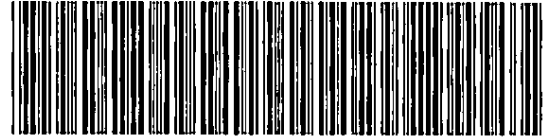
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800390684428

07/15/22--01021--028 **30.00

FILED

2022 JUL 15 PM 4:12

RECEIVED BY
FBI - MIAMI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIGNATURE CAPITAL PARTNERS, L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Denial and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marlene Hart

Name of Person

SSM LAW GROUP

Firm/Company

1420 Gene St.

Address

Winter Park, FL 32789

City/State and Zip Code

INFO@SSMLAWGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE SIGNH

Name of Person

407

Area Code

900-9055

Daytime Telephone Number

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

CK2E139 (2/14)

2022 JUL 15 PM 4:12

FILED



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: SIGNATURE CAPITAL PARTNERS, LLC.

2. The Florida document/registration number assigned to this limited liability company is:
L17000083032

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/14/2022

4. I, Marlene Hart, hereby withdraw/resign as a
(Print Name of Person Resigning)

Title MGR

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

FILED
2022 JUL 15 PM 4:12
TALLAHASSEE, FL