

L17000122048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

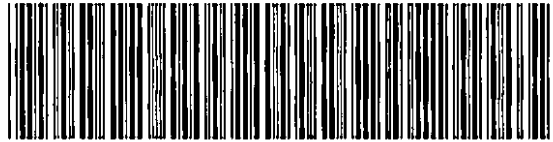
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

APR 22 2020
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLANTIC PROPERTY FUND, LLC (L17000122048)

(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:

Ian McFetridge

(Contact Person)

ATLANTIC PROPERTY FUND, LLC (L17000122048)

(Firm/Company)

27 Pheasant Run Rd

(Address)

New Hope, PA 18938

(City/State and Zip Code)

For further information concerning this matter, please call:

Ian McFetridge

(Name of Contact Person)

at (973) 937-8434

(Area Code & Daytime Telephone Number)

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

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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



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: ATLANTIC PROPERTY FUND, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000122048

3. The date this member/manager withdrew/resigned or will withdraw/resign is: March 28, 2020

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

Manager

(Print Title)

of this limited liability company and affirm the limited 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)

FILED
2020 APR -8 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FL

CAPITIS MANAGEMENT GROUP, LLC

L17000122046

March 3, 2020

RESOLUTION AND UNANIMOUS CONSENT OF MEMBERS

The undersigned, being all the members of Capitis Management Group, LLC. ("Company"), by unanimous written consent do hereby consent to and adopt the following resolutions:

RESOLVED, that Ian McFetridge will transfer all of his member shares in the Company to Ron Overholt. Ian will resign as a member of the Company.

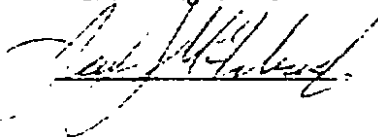
RESOLVED, that Ian McFetridge will submit the Resignation of member form to Sunbiz and that Ron Overholt will pay for related costs.

The undersigned members of the Company consent to and authorize the adoption of these resolutions.

Member Signature

Printed Name

Date



Ian J McFETRIDGE

MARCH 28, 2020

Member Signature

Printed Name

Date



RONALD W. OVERHOLT

March 28, 2020