

L18000007119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

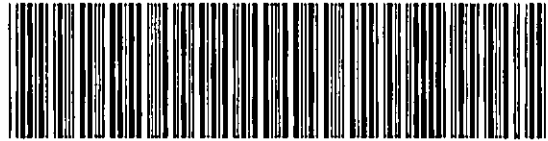
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/15/19--01010--005 \*\*35.00

FILED  
19 FEB 25 PM 2:56  
TALLAHASSEE, FLORIDA

FEB 25 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2019

BARRY WATSON  
SOUTHEASTERN CAPITAL OF ORLANDO PARTNERS  
219 PASADENA PLACE  
ORLANDO, FL 32803

SUBJECT: SOUTHEASTERN CAPITAL OF ORLANDO PARTNERS LLC  
Ref. Number: L18000007119

We have received your document for SOUTHEASTERN CAPITAL OF ORLANDO PARTNERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 719A00003674

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Southeastern Capital of Orlando Partners 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:

Barry Watson  
(Contact Person)

Southeastern Capital of Orlando  
(Firm/Company)

219 Pasadena Place  
(Address)

Orlando FL 32803  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barry Watson at ( 407 ) 832-41142  
(Name of Contact Person) (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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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: Southeastern Capital of Orlando Partners LLC

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

L18000007119

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/25/19

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

Treasurer  
(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)

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