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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

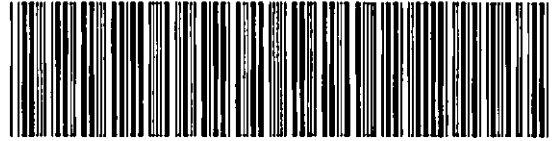
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/15/19--01003--003 **35.00

FILED
19 FEB 25 PM 2:46
TALLAHASSEE, FLORIDA

FEB 25 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2019

DAVID W PIERCE
SE CAP BUILDING PARTNERS LLC
1035 LAKEVIEW OAKS DRIVE
MINNEOLA, FL 34715

SUBJECT: SE CAP BUILDING PARTNERS LLC
Ref. Number: L18000149460

We have received your document for SE CAP BUILDING 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: 919A00003674

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SE CAP Building 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:

David W. Pierce
(Contact Person)

SE CAP Building Partners LLC
(Firm/Company)

1035 Lakeview Oaks Drive
(Address)

Minneola, FL 34715
(City/State and Zip Code)

For further information concerning this matter, please call:

David W. Pierce at (407) 948-3554
(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: SE CAP Building Partners LLC
2. The Florida document/registration number assigned to this limited liability company is:
418 000149460
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)
MGR
(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)

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19 FEB 25 PM 2:46
TALLAHASSEE, FLORIDA