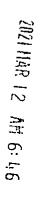
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(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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## **COVER LETTER**

Division of Corporations	
Canergy Capital LLC SUBJECT:	
	Liability Company)
The enclosed member, resignation or dissociatio	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Alexander Furman	
(Contact Person)	
Canergy Capital LLC	
(Firm/Company)	
224 Datura St Suite 1315	
(Address)	
West Palm Beach FL, 33401	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, p	please call:
Alexander Furman	617 780-1283
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to th	e Florida Department of State for:
	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, x & 3231 T	Tallahassee, FL 32303

CR2E079 (2/14)



## 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	it appears on the records of the Florida Department
		signed to this limited liability company is:
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is: Aug 21, 2020
4. I. Alexander Furman (Print Name of Person Resigning)		
MGR	, , ,	
<del></del>	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	