118000245574

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(Address)				
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COVER LETTER

TO: **Registration Section Division of Corporations** MODERN CAPITAL FINANCE GROUP **SUBJECT:** (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: ROGAL STEVEN A (Contact Person) MODERN CAPITAL FINANCE GROUP (Firm/Company) 1211 N WESTSHORE BLVD SUITE 306 (Address) TAMPA, FL 33607 (City/State and Zip Code) For further information concerning this matter, please call: VARGHESE MAMMEN 813 400-7247 (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 Mailing Address: **Street Address: Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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)

	e limited liability company as	it appears on the records of the Flo	orida Department
2. The Florida doc L18000245574	ument/registration number as	ssigned to this limited liability comp	pany is:
3. The date this mo	ember/manager withdrew/res	igned or will withdraw/resign is:	1/2023
4. I, VARGHESE M	AMMEN Name of Person Resigning)	, hereby withdraw/resign as a	
MGR	(Print Title)		
of this limited lia resignation in w	* · ·	e limited liability company has bee	n notified of my
	issociating Member or Resig	ning Manager	
Filing Fee? Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		SE 2 023