## 1 19 00000 3486

_					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Dasiness Entry Name)					
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:	٦				
	ł				
	1				

Office Use Only



600327395536

04/08/19--01027--019 \*\*25.00



APR 16 000 T

## **COVER LETTER**

CR2E079 (2/14)

TO: Reg	istration Section				
Div	ision of Corporations				
SUBJECT	Springdale Capital, LLC				
5013/1/01	(Name of Limited Liability Company)				
The enclose	ed member, resignation or disso	ciation and fee(s	) are submitted for filing.		
Please retur	n all correspondence concernin	g this matter to:			
Andrew Ba	ain				
	(Contact Person)		-		
Springdale	e Capital, LLC				
<del></del>	(Firm/Company)		_		
4404 Flora	a Vista Dr				
	(Address)		<b></b>		
Orlando, F	FL 32837				
	(City/State and Zip Code)	····	-		
For further	information concerning this ma	tter, please call:			
Andrew Ba	ain	954 ai (	560-4467		
1)	Name of Contact Person)		& Daytime Telephone Number)		
Enclosed pl	ease find a check made payable ig Fee	_	Department of State for: Fee & Certified Copy		
Registration	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Execu	tive Center Circle . Florida 32301		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 rec	ords of the Florida Department	
of State is:	ngdale Capital, LLC			
2. The Florida doci	ument/registration number a: 36	ssigned to this limited	d liability company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdra	w/resign is:	
4. I, Andrea N. Singh  (Print Name of Person Resigning)				
(Print N	ame of Person Resigning)			
Manager				
	(Print Title)			
resignation in wr	iting.		npany fias been notified of my	
Signature of Di	ssociating Member or Resig	ning Manager	-8 TO THE SECRETARY	
Filing Fee:	\$25.00 (Required)		Š - 😅	
	\$30.00 (Optional)			