

L19 000056172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500370490905

RECEIVED

JUL 26 2021

07/26/21--01040--017 \*\*25.00

08/09/2021  
JH

FILED  
2021 JUL 26 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACTIVE CAPITAL HOLDINGS, 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:

**ALEJANDRO FERNANDEZ**

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

**29224 SW 142 Place**

\_\_\_\_\_  
(Address)

**Homestead, FL 33033**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Alejandro Fernandez**

\_\_\_\_\_  
(Name of Contact Person)

at ( **305** )

**767-5152**

\_\_\_\_\_  
(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:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FILED

2021 JUL 26 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: ACTIVE CAPITAL HOLDINGS, LLC

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

L19000056172

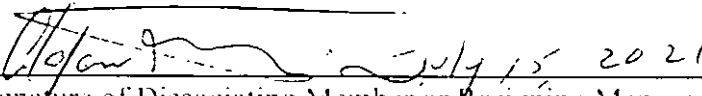
3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 15, 2021

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

Authorized Member / AMBR

(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)