L19000056172

(Rec	questor's Name)			
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COVER LETTER

TO:	_	tration Section ion of Corporations		
	Divis	·	_	
SUBJ	ECT:	ACTIVE CAPITAL HOLDINGS, LLC		
		(Name of Limit	ed Liability Co	mpany)
The er	iclosed	l member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please	return	all correspondence concerning t	his matter to:	
ARTH	UR LEV	VIS		
		(Contact Person)		_
ACTIV	E CAPI	TAL HOLDINGS, LLC		
		(Firm/Company)		_
302NW	/ 1 7 9T I -	I AVE SUITE #102		
•		(Address)		_
РЕМВІ	ROKE F	PINES, FL 33029		
-		(City/State and Zip Code)		_
For fu	rther in	nformation concerning this matte	r, please call:	:
ARTHI	UR LEV	vis	954 at (651-8687
	(N	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)
	sed ple 5 Filing	ase find a check made payable tog Fee		Department of State for: g Fee & Certified Copy
	Regis Divis P.O.	ng Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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SECRETARY OF STATE
TALLAHASSEE, F
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 Florida Department
2. The Florida doc L19000056172	cument/registration number assi	gned to this limited liability company is:
ALICDEDTO U	IDALCO	ned or will withdraw/resign is:
4. I,	Name of Person Resigning)	, hereby withdraw/resign as a
MANAGING M	EMBER	
	(Print Title)	
of this limited lia resignation in w		imited liability company has been notified of my
Bitolony	Δ	
Signature of D	Dissociating Member or Resignin	ng Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	