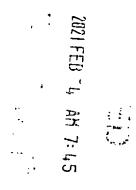
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COVER LETTER

TO: Registration Section Division of Corporations RESOURCE CAPITAL MANAGEMENT ADVISORS, LLC. 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: Kimberly Matyjasik (Contact Person) Business and Family Law Center, Inc. (Firm/Company) 1290 Weston Road, Suite 218 (Address) Weston, FL 33326 (City/State and 2:p Code) For further information concerning this matter, please call: Kimberly Matyjasik (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy **■** \$25 Filing Fee 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



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	imited liability company as it appears on the records of the Florida Department URCE CAPITAL MANAGEMENT ADVISORS, ELC
1.19000267502	ment/registration number assigned to this limited liability company is:
	nber/manager withdrew/resigned or will withdraw/resign is:
* 1 7 11	, hereby withdraw/resign as a time of Person Resigning)
VP	me oj i erson renguagi
	Print Title)
resignation in w	AaV
Signature of D	sociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)