

# L200000206954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

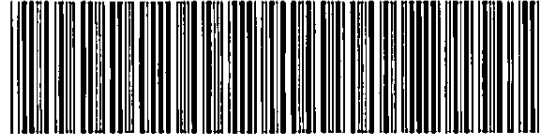
(Document Number)

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**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 11/25/2024**

**NAME: 770 CAPITAL PARTNERS LLC**

**TYPE OF FILING: RESIGNATION OF MEMBER**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 770 Capital Partners 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:

Andrew Block

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

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

20283 State Road 7

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

Boca Raton, FL 33498

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

For further information concerning this matter, please call:

Andrew Block

561 400-9664

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

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



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)

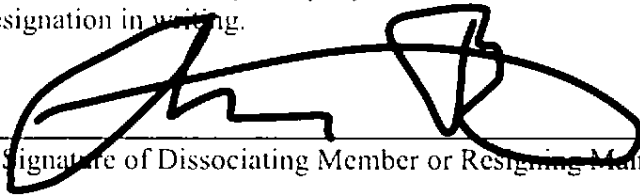
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 770 Capital Partners LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L20000206954

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 17, 2024

4. I, Andrew Block, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Member and Manager  
*(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)

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