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(Address)			
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COVER LETTER

TO: Registration Section Division of Corporations Stone Secure Capital, 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: Sheldon Evans, Attorney (Contact Person) Sheldon Evans, P.A. (Firm/Company) 3074 Lakewood Circle (Address) Weston, Florida 33332 (City/State and Zip Code) For further information concerning this matter, please call: Sheldon Evans, Attorney (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 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 records of the Florida Department
of State is:	E SECURE CAPITAL, LLC	
2. The Florida docu	ment/registration number as	signed to this limited liability company is:
L 20000276071		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MEMBER & SHA	AREHOLDER	
<u>-</u> -	(Print Title)	
resignation in wr	iting.	e limited liability company has been notified of my
J	ssociating Member or Resign \$25.00 (Required)	ning Manager
	\$30.00 (Optional)	