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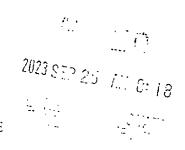
Division of Corporations MODERN CAPITAL REALTY, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: CONNIE MINISCI (Contact Person) MODERN CAPITAL REALTY, LLC (Firm/Company) 1211 N. WESTSHORE BLVD., SUITE 306 (Address) TAMPA, FL 33607 (City/State and Zip Code) For further information concerning this matter, please call: 515-6487 CONNIE MINISCI (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: 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

TO:

Registration Section





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)

	limited liability company as it appears on the records of the Florida Department ERN CAPITAL REALTY, LLC
2. The Florida doc L21000083487	ament/registration number assigned to this limited liability company is:
CONNUE MINUS	cmber/manager withdrew/resigned or will withdraw/resign is: 9-30-2023 CI
MANAGER	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. Limited liability company has been notified of my iting. Sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)