

L2 3 0000 83638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

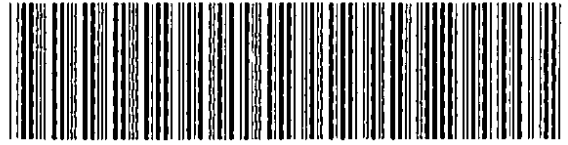
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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07/28/23--01007--007 **25.00

2023 JUL 28 AM 11:21
CLERK OF STATE
TALLAHASSEE, FL

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLLECTORS CAPITAL 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:

Jordi Ricart

(Contact Person)

COLLECTORS CAPITAL LLC

(Firm/Company)

2100 NE 2ND ST

(Address)

Miami, Florida. Zip 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Ernesto Flores

(Name of Contact Person)

786

at (_____) _____

3123588

(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

FILED
2023 JUL 28 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FL



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: COLLECTORS CAPITAL LLC

2. The Florida document/registration number assigned to this limited liability company is:
L23000083638

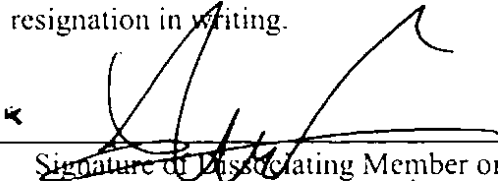
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/25/2023

4. I, CASIMIR SEED LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)

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

Jordi Ricart

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FL
07/25/2023

2023 JUL 28 AM 11:21

FILED