124000 292 956

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		
				

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Reed Brothers (Name of Limit	Capital LLC ed Liability Company)
The er	nclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please	return all correspondence concerning the	nis matter to:
	Tyler Reed (Contact Person)	
R	eed Brothers Capital LLC (Firm/Company)	
_16	28 Oakmont Lane (Address)	
	Orlando, FL 32804 (City/State and Zip Code)	
For fu	rther information concerning this matter	, please call:
	(Name of Contact Person)	at (561) 479-9694 (Area Code & Daytime Telephone Number)
/	sed please find a check made payable to 5 Filing Fee	the Florida Department of State for: ☐ \$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 o	f the Florida Department
of State is: R	eed Brothers Capi	tal LLC	
2. The Florida docu	ment/registration number assi	gned to this limited liabil	lity company is:
	0292956		,
3. The date this men	mber/manager withdrew/resig	ned or will withdraw/resi	gn is: 7/20/2024
4.1. Gavin	Reed ame of Person Resigning)	, hereby withdraw/res	ign as a
Anthorize	L Member. Print Title)		
of this limited liab resignation in wri	oility company and affirm the ting.	limited liability company	has been notified of my
h= 1.	ml		20
Signature of Di	ssociating Member or Resigni	ng Manager	: 2024 Aug
	\$25.00 (Required)		<u>_</u>
Certified Copy:	\$30.00 (Optional)		2
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