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2018 NOV 13 PM 1: 38 SECRETARY OF STATE

D/M/Resign.

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COVER LETTER

SUBJECT: HARBOUR CAP	ITAL MANAGEMENT LL imited Liability Company)
(Name of L	imited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
FREDERICK M. HEIW (Contact Person)	BERG
(Firm/Company)	
2101 HW BOCA PATE	2 BLVD #5
BOCA RATON IL (City/State and Zip Code)	33431
For further information concerning this ma	tter, please call:
(Name of Contact Person)	at (S61) 395-6653 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations



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 lin	mited liability	company as it app	ears on the records of	the Florida Department
of State is: HAG	RBOUR	CAPITAL	MANA62W	ENT, LLC
2. The Florida docum	ient/registrati	on number assigned	to this limited liabilit	y company is:
L 990000	7792			
3. The date this mem	ber/manager v	withdrew/resigned	or will withdraw/resign	n is: 01/01/2018
4. I. R. KEIT (Print Nam	H WA	igning)	hereby withdraw/resig	n as a
	int Title)	and affirm the limit	ed liability company h	as been notified of my
Signature of Diss	ociating Mem	iber or Resigning M	lanager	2018 NOV 13 SECRETARY TALLAHAS
Filing Fee: Certified Copy:	\$25.00 (Req \$30.00 (Opt	uired) ional)		HASSEE, FL