

FD80000673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

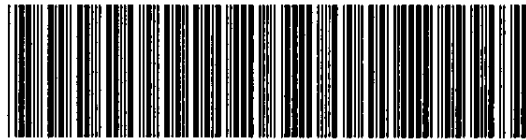
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400244237394

02/08/13--01006--011 **105.00

FILED
13 FEB -8 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00
By
2-11-13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kapitol Management, Inc
(Name of Corporation)

DOCUMENT NUMBER: FO800000673

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ana Maria Vargas
(Name of Person)

Kapitol Management, Inc
(Name of Firm/Company)

8001 N Dale Mabry Highway Ste 701
(Address)

Tampa, FL 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Maria Vargas at (813) 410-6871
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ilka D. Acosta, hereby resign as Manager
(Title)

of Kapitol Management, Inc
(Name of Corporation)

F08000000673, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Ilka D. Acosta
(Signature of resigning officer/director)

FILED
13 FEB -8 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314