1280000401

(Requ	estor's Name)	
		•
(Addre	ess)	***
(Addre	see)	
(Madic	,33)	
(City/S	State/Zip/Phone	e #)
	_	_
PICK-UP	WAIT	MAIL.
(Busin	ess Entity Nar	ne)
(240	ooo Emily Har	110)
(Docu	ment Number)	
Certified Copies	. Certificates	of Status
	•	
Special Instructions to Fili	ng Officer:	
		ļ
		ļ

Office Use Only



700112758757

12/07/07--01033--004 **25.00

SECRETAR OF THE DIVISION OF THE PH 2: 0



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MENDEZ JORDAN CAP	TTAL, LLC d Liability Company)
The enclosed member, managing member or m	
filing.	
Please return all correspondence concerning th	is matter to:
Natalia Munoz	·
(Contact Person)	
Marcell Felipe Attorneys	
(Firm/Company)	
1401 Brickell Avenue, Suite 500	
(Address)	•
Miami, FL 33131	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
Natalia Munoz	305 381-8500
(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 &
<u> </u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

of State is: ME	NDEZ JORDAN CAF	s it appears on the records of the Florida Departme	ent _·
2. This limited liab	rility company was organized	d under the laws of:	
3. The Florida doc L0400008		f this limited liability company is:	
_{4. I,} Lucia Men	dez Jordan	, hereby resign as a MGR	
	ame of Person Resigning)	(Print Title)	-
of this limited lia	bility company and affirm the	e limited liability company has been notified of m	ıv
resignation in wr	iting.	2	-, -,