

LOF000012106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

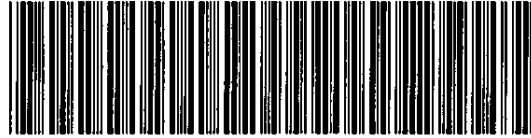
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JAN 30 4 11 10  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 100% CAPRI, 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:

Mr. Rocco Totino

(Contact Person)

GRASSI & CO.

(Firm/Company)

488 Madison Ave.

(Address)

New York, NY 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

Mr. Rocco Totino at (212) 223-5001  
(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 &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 100% CAPRI, LLC

2. The Florida document/registration number of this limited liability company is: L08000012106

3. The date this member withdrew or will withdraw is: April 5, 2013 (as Manager was never a Member)

4. I, Brenda Olivas, hereby resign as a MANAGER  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Brenda Olivas

Signature of Resigning or Dissociating Manager, Member

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 JAN 30 AM 11:01

FILED