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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	CAPITAL INVESTMENT P		<u></u>
	(Name of Li	imited Liability Cor	mpany)
The enclosed	d member, resignation or disso	ciation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning	g this matter to:	
EVELYN M	IELENDEZ		
	(Contact Person)		
CAPITAL II	NVESTMENT PROPERTIE	S LLC	
	(Firm/Company)		
7215 MONI	ETARY DR STE 105		
	(Address)		
ORLANDO	, FL 32809		
	(City/State and Zip Code)		
For further in	nformation concerning this ma	tter, please call:	
FERNAND	O SANCHEZ	407 at (8324243
(N	fame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple \$25 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of C			Registration Section Division of Corporations
Clifton Build			P.O. Box 6327
	ive Center Circle		Tallahassee, Florida 32314
Tallahaccaa	Florida 32301		•

CR2E079 (2/14)





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 i	t appears on the records of the Florida Department
of State is: CAP	PITAL INVESTMENT PROP	ERTIES LLC
2. The Florida docu	ument/registration number ass	igned to this limited liability company is:
L1400017993	8	
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:
4 L EVELYN MELENDEZ		hereby withdraw/resign as a
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr	. , , , , , , , , , , , , , , , , , , ,	limited liability company has been notified of my
Qulu	y tules	
Signature of Di	ssociating Member or Resigni	ng Manager
	\$25.00 (Required)	
Certified Copy:		