

L080000 12106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

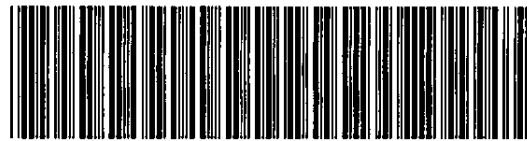
(Business Entity Name)

(Document Number)

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J. Stivers FEB 03 2013

SEC. OF STATE
TALLAHASSEE, FLORIDA
14 JAN 30 AM 10:59
FEB 11 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 100% CAPRI, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000012106

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Rocco Totino

Name of Person

GRASSI & CO.

Name of Firm/Company

488 Madison Ave.

Address

New York, NY 10022

City/State and Zip Code

rtotino@grassicpas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mr. Rocco Totino at (212) 223-5001

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Brenda Olivas

, hereby resigns as

Name of Registered Agent

Registered Agent for **100% CAPRI, LLC, a Florida Limited Liability Company**

Name of Limited Liability Company

L08000012106

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Brenda Olivas
Signature of Resigning Agent

If signing on behalf of an entity:

N/A

Typed or Printed Name

N/A

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314
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