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S. WARREN AUG 0 8 2017

COVER LETTER

TO: Registration Section Division of Corporations	
CAPTI INTERNATIONAL. V	VENTURES, LLC
SUBJECT: (Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	
Please return all correspondence concerning	this matter to:
Robbie Hictz (Contact Person)	!
(Contact Person)	
(Firm/Company)	
8411 W. Odland T. (Address)	Dark. Bud#20,
Swrise, 1. 3335 (City/State and Zip Code)	<u></u>
For further information concerning this matt	er, please call:
(Name of Contact Person)	at (959) U51-9428 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	to the Florida Department of State for: S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

	limited liability company as	s it appears on the records of th	e Florida Department
2. The Florida doct L0500011758		ssigned to this limited liability	company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign	is: 07/20/2017
4. I	PALMISCIANO Same of Person Resigning)	, hereby withdraw/resign	as a
MANAGER	same of Person Resigning)		
	(Print Title)		
of this limited lia resignation in wr		ne limited liability company ha	s been notified of my
Signature of D	issociating Member or Resig	ning Manager	17.7
	\$25.00 (Required) \$30.00 (Optional)		FILED AUG-7 PM 3: 4 (TAHASSEELFLORE