

L02000006200

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

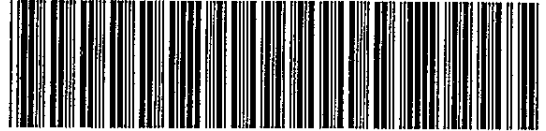
(Document Number)

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LAW OFFICES OF
LAMAR A. CONERLY, P.A.

POST OFFICE BOX 6944
4481 LEGENDARY DRIVE, SUITE 200
DESTIN, FLORIDA 32550

FILED

2004 DEC 27 P 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TELEPHONE (850) 837-5118
FACSIMILE (850) 837-5187

LAMAR A. CONERLY*
JENNIFER A. WINTRODE**

* ALSO ADMITTED IN MISSISSIPPI
** ALSO ADMITTED IN MICHIGAN

E-MAIL: conerly@destin-law.com
E-MAIL: wintrode@destin-law.com

December 22, 2004

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Capo's LLC - Document No.: L02000006200

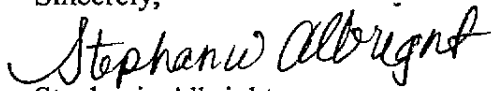
To Whom It May Concern:

Enclosed is a Resignation of Registered Agent for the above referenced limited liability company and a check in the amount of \$25.00 fee to file the document.

Should you have any questions, please contact our office.

Thank you for your assistance in the matter.

Sincerely,


Stephanie Albright
Paralegal to Lamar A. Conerly, Jr.

Enclosures: as stated above

TRANSMITTAL LETTER

FILED

TO: Amendment Section
Division of Corporations

2004 DEC 27 P 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Capo's LLC

(Name of Limited Liability Company)

DOCUMENT NUMBER: L02000006200

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:

Lamar A. Conerly

(Name of Person)

Lamar A. Conerly, PA

(Name of Firm/Company)

P.O. Box 6944

(Address)

Destin, FL 32550

(City/State and Zip Code)

For further information concerning this matter, please call:

Lamar Conerly

(Name of Person)

at (850) 837-5118

(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:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

FILED

2004 DEC 27 P 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Thomas P. Ford

(Name of Registered Agent)

, hereby resigns as

Registered Agent for Capo's LLC

(Name of Limited Liability Company)

L02000006200

(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.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(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