

LO2000016937

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

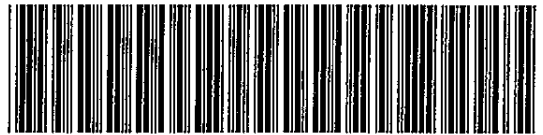
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FISHER, RUSHMER, WERRENRATH,  
DICKSON, TALLEY & DUNLAP, P.A.  
ATTORNEYS AT LAW**

20 NORTH ORANGE AVENUE, SUITE 1500  
POST OFFICE BOX 712  
ORLANDO, FLORIDA 32802-0712  
TELEPHONE (407) 843-2111  
TELEFAX (407) 422-1080

October 29, 2003

Jon Marshall Oden  
Internet: JODEN@FISHERLAWFIRM.COM

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

Re: Capital 7, LLC

Dear Sir or Madam:

Enclosed please find the original completed forms for my withdrawal as registered agent of a limited liability company which is now inactive. Please also find a check made payable to your office in the amount of \$25.00 for purposes of filing the enclosed documents. Please do not hesitate to contact the undersigned with questions.

Very truly yours,



Jon Marshall Oden

JMO\lt

Enclosures

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Capital 7, LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L02000016937

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:

Dennis Martin  
(Name of Person)

Capital 7, LLC  
(Name of Firm/Company)

8815 Conroy-Windermere Road, #328  
(Address)

Orlando, FL 32835  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jon Marshall Oden, Esquire at ( 407 ) 843-2111  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
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

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

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

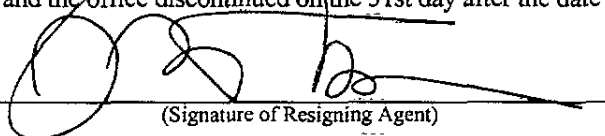
Jon Marshall Oden, Esquire, hereby resigns as  
(Name of Registered Agent)

Registered Agent for Capital 7, LLC  
(Name of Limited Liability Company)

L02000016937  
(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)

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**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