

L04000008974

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR 25 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPITAL DEVELOPERS LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L04000008974

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:

ELIZABETH BRICENO
Name of Person

CAPITAL DEVELOPERS LLC
Name of Firm/Company

1940 ASPEN LANE
Address

WESTON, FLORIDA, 33327
City/State and Zip Code

RABRISI@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH BRICENO at (754) 3665934
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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,

ELIZABETH BRICENO

Name of Registered Agent

, hereby resigns as

Registered Agent for

CAPITAL DEVELOPERS LLC

Name of Limited Liability Company

L04000008974

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:

ELIZABETH BRICENO

Typed or Printed Name

REGISTERED AGENT

Capacity

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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