

LD40 00029172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

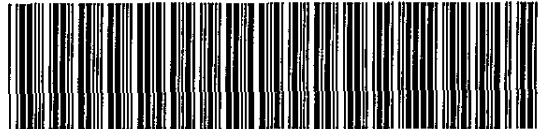
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700051068477

04/29/05--01043--007 **85.00

FILED

05 APR 29 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Brumbley MAY 3 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: El Capitan LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: L04000029172

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:

Lauren De Michiel
(Name of Person)

El Capitan LLC
(Name of Firm/Company)

P. O. Box 1066
(Address)

Newark, DE 19715
(City/State and Zip Code)

For further information concerning this matter, please call:

Lauren De Michiel at (302) 731-8467
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
05 APR 29 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

04/26/2005 10:46 FAX 4530446

Marta Group

2002

**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,

John Osborne

, hereby resigns as

(Name of Registered Agent)

Registered Agent for

El Capitan LLC

(Name of Limited Liability Company)

L04000029172

(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:

John H. Osborne
(Typed or Printed Name)Managing member
(Capacity)**FILING FEES:**

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability companySECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR 29 AM 10:16

FILED

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