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	PICK	-UP	☐ WAIT	MAIL MAIL
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Certifie	ed Copies _		Certificates	s of Status
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION



COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: CAPRI THREE 1 (Name of Limited Llab	ility Company)						
Dear Sir or Madam:							
The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter	to the following: 2006 MAR 3						
James E Candill	R 3						
(Name of Person)							
Morrison & Caudill, PI							
4933 Tamiami Trail North, Ste 200							
Naples, Florida 34103 (City/State and Zip Code)							
For further information concerning this matter, please call:							
Tomes F. Caudill at (239) 530-3222 (Name of Person) (Area Code & Daytime Telephone Number)							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
\$25 Filing Fee	\$55 Filing Fee & Certified Copy						

CR2E079 (8/05)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, GAYLE BIEDERMANN , hereby resign as MANAGER (Title)	_
of CAPRI THREE LLC (Limited Liability Company)	,
a limited liability company organized under the laws of the State of Florida	
and affirm that the limited liability company has been notified in writing of the resignation.	
Say Siedermant	20
(Signature of resigning manager, managing member or member)	2006 MAR 3
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FILING FEE IS \$25.00

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

CR2E079 (8/05)