

L04000093853

(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



900106191399

08/13/07--01026--002 \*\*25.00

AL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 AUG 13 P 2:43

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

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

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Duran Argimiro  
(Contact Person)

Advance Capital  
(Firm/Company)

15331 SW 112 Terrace  
(Address)

Miami FL 33196  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 AUG 13 P 2:43

FILED

For further information concerning this matter, please call:

Duran, Argimiro at (786) 487 2763  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Advance Capital LLC.

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company  
L04000093853

4. I, Duran, Argeniro, hereby resign as a MEMBER  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required) ✓  
Certified Copy: \$30.00 (Optional)

2007 AUG 13 P 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED